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PSYCHO-ANALYSIS OF THE NEUROSES

DR. HELENE DEUTSCH

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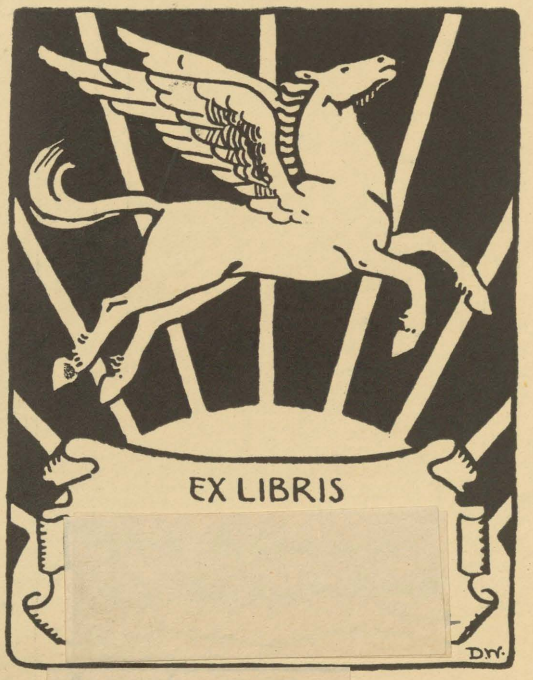
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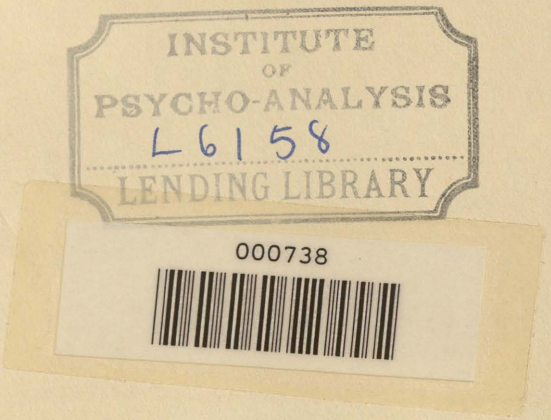

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DR. HELENE DEUTSCH

TRANSLATED BY

W. D. ROBSON-SCOTT

Published by Leonard and Virginia Woolf at
The Hogarth Press, Tavistock Square, London
and The Institute of Psycho-Analysis
1932

First published 1932

Printed in Great Britain by R. & R. Clark, Limited, *Edinburgh*

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INTRODUCTION

LECTURE I

THE PART OF THE ACTUAL CONFLICT IN THE FORMATION OF NEUROSIS

LADIES AND GENTLEMEN—Instruction in psycho-analysis as a clinical discipline must differ essentially in its methods from all other forms of clinical instruction. The future doctor and therapeutist gains his practical education from the material available for him in the medical clinic; there he is able to study the disease in all its manifestations from direct observation of the patient himself. The future psycho-analyst, on the other hand, must gain his from direct observation of his own psychical life in his own analysis, and thus first experience empirically in himself what he wishes to understand later in others. Clinical demonstration, an important aid to medical education, can find no place in the education of the analyst.

These lectures will attempt to supply some sort of substitute for clinical demonstration. I shall describe to you some typical cases, adding thereto only such theoretical considerations as proceed inevitably from the case history.

All the cases I shall deal with here have been analysed by me. I shall only here and there go into the technique of the treatment and the therapeutic

process, and I shall assume in you a basic knowledge of the subject, much as the doctor at a clinic assumes a knowledge of pathological anatomy when he is discussing a case.

Psycho-analysis, as you know, emphasizes three aetiological factors in tracing the origin of neurotic diseases: (1) *fixation* of the libido, (2) *regression*, and (3) the so-called current or "*actual*" *cause*, which may become through some frustration a decisive factor in the genesis of the illness.

To put this dynamically, we might compare the frustration to a wall against which a forward-moving mental force rebounds so that it is compelled to strive backwards. This process of backwards-striving we call "regression", and this regression continues back to those deserted stations of former developments which exercise a peculiar power of attraction. This persistent power of attraction corresponds to "fixation". It is fixation, and neither the actual cause nor frustration, which is responsible for the type of neurosis, and thus it acquires the character of a *dispositional* factor.

Let me illustrate this more closely from three actual cases. All three are completely identical in the actual cause of the illness and in the type of frustration. In the clinical picture, on the other hand, in the structure of the neurosis, they are completely different.

We are concerned with three married women, each of whom fate has placed in a typical conflict-situation. In danger of destroying their married life through a new love-relationship, they are unable to find any other escape than that of neurotic illness. None of the three was in a position to resolve the

actual conflict in a healthy, psychically normal way. Every attempt at a solution inevitably brought with it some form of renunciation. And to all three of them renunciation of the fulfilment of their love-wishes seemed the only way out of the conflict. But the solution was not a satisfactory one; the frustration became intolerable and led to illness, *i.e.* the actual conflict was replaced by a neurosis. That these three women could find no other way out of their conflict was due to their *neurotic disposition*, to the morbid tendency which comes to a head at the moment of frustration. What this neurotic disposition consists in, and why each of them found a completely different form of neurosis as an expression of their conflict, we shall now proceed to discover.

One of the three women becomes subject to typical hysterical attacks with *arc-de-cercle*, violent convulsions of the whole body and typical defensive movements of the extremities. We learn from her analysis that the attack is a form of expression for crudely sexual phantasies relating to the renounced object which, shut off from consciousness, have found this path of gratification, and that the violent motor discharges signify both the fulfilment of the sexual wish and the defence against it.

The second patient expresses her conflict in a quite different neurotic form. She falls ill of agoraphobia, by which she is attacked every time she tries to leave her house, a symbol of her conjugal faithfulness. Her symptom literally blocks her path to freedom, and the patient prefers the loneliness of her home, free as it is from anxiety, to the tendencies which might well separate her from her home and family life. The anxiety, a symptom of her illness, becomes thus the

guardian of her conjugal fidelity, and forces her to solve the conflict in this morbid fashion.

The third of these three women has the following morbid symptoms: she has the habit of opening and shutting her wardrobe over and over again from the fear that if she does not do this her husband will die. In the analysis it becomes clear that the act of opening the wardrobe corresponds to the wish to take out her clothes and pay her lover a visit, and that of shutting the wardrobe to the prohibition which prevents her carrying out this wish. At the same time the wardrobe serves as a symbolic representation of her genitals, which declare themselves ready to receive the loved object by the act of opening and defend themselves against this by the act of shutting. Amongst her other symptoms this lady has the following parting ceremonial, painful as it is both for herself and her husband: every time that he is about to leave the house she looks through his pockets to see that he has everything he needs with him. All the objects have to be pulled out of the pockets in a certain order and then put back again in the same order: keys, purse, cigarette-case, handkerchief, etc., are all subjected to this procedure over and over again. And scarcely has her husband left the door but she calls him back again to go through the whole business once more.

In the course of her analysis it became clear that her sexual temptation had raised violent annihilation-wishes against her husband. The unconscious wish for his death became specially intense one evening when he pulled his pocket-knife out of his pocket while undressing. At this moment the latent wish was mobilized by an associative link with the knife. How

the displacement on to other objects took place and what psychical mechanism the patient's wearisome activity corresponded to we shall learn in the further course of the discussion.

Let us consider in these three instances, identical in their actual cause, so varied in their manner of reaction, wherein the ground of this variety consists. All three women suffer from an inner conflict and each of them has her particular way, a specifically neurotic form, of resolving the conflict. The neurotic symptoms are indeed nothing else than unsuccessful attempts to solve the inner conflict. Why does each of these women choose so divergent a method of expressing the conflict in her symptoms? To answer this we must first investigate analytically the deeper causes of their illness; only in this way shall we discover why the three patients reacted so differently. Common to them all was the "actual cause" of their specific neurotic reactions.

We will now deal more closely with this "actual conflict". In the above examples we have seen how it led to a neurosis, and we have said that this neurosis represents an attempt, albeit a morbid one, to solve this conflict. Experience has taught us that inner neurotic conflicts arise when the libido is deprived of the possibility of finding an ego-syntonic gratification in the outer world, or when intolerable narcissistic injuries have prevented it from making satisfactory sublimations. In this case a situation has arisen in which we speak of illness from "external frustration".

The reaction of the individual to the external frustration may be a normal or a neurotic one. In either case he will find himself at the moment of

frustration in an attitude of hostility to the frustrating reality.

We say in that case that the individual is placed in an actual conflict. This, however, cannot be described as neurotic so long as the person in question is in a position to solve this external conflict in a manner in keeping with reality. He might, for instance, adapt the outer world to his needs, or, where this is not possible, tolerate the frustration, *i.e.* renounce. He would then be free to look for new possibilities of gratification. It is only when these solutions are no longer possible, *i.e.* when the actual conflict with the outer world appears insoluble to the person concerned, that the "external frustration" becomes an internal one, and a vicious circle is set up. For the inability to resolve a real conflict was conditioned from the outset by internal motives. The external frustration in itself need not have any pathogenic effect; it is only when the external conflict transfers its scene of action from the outer world to the inner world that the inner conflict—the neurosis—arises. The ego disappointed in the outer world finds itself compelled to look for substitute-gratifications, and thus enters upon the familiar path of regression. Hence what makes the reality-conditioned actual conflict a neurotic one is its subjective insolubility. But this insolubility is itself the expression of a neurotic attitude to the outer world and leads to the transformation of the real frustration into a neurotic conflict, which, however, need not necessarily lead to symptom-formation. I need not enter more closely here into the forms these conflicts take. They either possess the mourning-character of the unsurmounted external loss; or else they

bear the stamp of an inner irresolution, the result of an undecided struggle between two psychical tendencies, *e.g.* between the two emotional currents of the ambivalent conflict or between an instinctual impulse and an internal prohibition, etc.

A typical example of a neurotic conflict is the impossibility of breaking loose from a no longer loved object, either from a neurotic inability to transfer to a new one, or conscious renunciation of a new one as a result of feelings of guilt towards the old one, etc. In such conflict-situations analysis always reveals the repetition of an infantile prototype, covered over though it is by the actual situation.

In some cases the neurotic tendencies express themselves in a conflictual mode of reaction to the real world. In other cases it is clear that the external cause has taken on the part of an *agent provocateur*, which transforms an already chronically conflictual relationship to the outer world into a neurotic illness. The neurotic symptom, that is to say, owes its existence to the same deep sources which gave rise to earlier difficulties in the adaptation to reality.

When a real conflict cannot be resolved in normal fashion, as a result of the inner incapacity for adaptation, the ego frequently makes convulsive efforts to find a compromise before committing the libido to still deeper paths of regression, and this solution will then bear a completely individual character. It is only when this does not succeed that the neurotic struggles ensue. I will try and make clear by an example what may perhaps appear somewhat obscure.

A patient began her analysis with the statement that there was nothing wrong with her and that she

only came to me because her husband, whom she considered "nervous", had insisted on it. I had, however, already learnt from her husband that an actual conflict had evoked neurotic difficulties in the patient, and this was substantiated in the analysis. After fifteen years of marriage the husband had fallen passionately in love with a niece who had just married into the family. In an evident desire to get rid of his guilt, and with regard to the platonic nature of his love, he had initiated his wife into the secret. On this the patient had entered into the rôle of her husband's "best friend", had suppressed every reaction in any way hostile, and tried by every means in her power to establish a friendly relationship with her new relative. The young woman seemed to her to be the most wonderful creature in the world, entirely occupied her yearning phantasies, and it was only when the lack of response on her part frustrated our patient's attempts at friendship that she encountered neurotic difficulties. It became clear in the further course of the analysis that her whole life she had had to fight against certain masculine tendencies, which she had at one point done her best to suppress on her husband's behalf. As a girl she had been both gifted and ambitious musically, and yet she had entirely given up her studies in this direction to become a good housewife, a sacrifice which she had made, as she always insisted, solely for the sake of her husband. After the disappointment she had now experienced she determined to put an end to this sacrifice, and began to study music anew, against which, to her surprise, no protest was made by her husband. At this she herself made further study impossible by indulging in an absolute

furore of "housewifery", in which she forced herself to the most menial tasks and thus neurotically distorted the sacrifice she had formerly made to her husband. At the same time she lived in a state of perpetual strife with the servant girl, who could do nothing right in her eyes, so that, perpetually dissatisfied, she carried out all the household duties herself. Despite the most intense hatred for the unfortunate girl, whom she declared to be completely incompetent, she could not bring herself to the point of dismissing her. And when the girl finally left the house of her own accord, the same situation repeated itself with her successor.

It soon became clear in the analysis that her deeper reason for coming to me in particular lay in an unconscious relationship to me, which had existed, unknown to me, before ever the analysis began. Through certain circumstances she had transferred her affective attitude to her rival on to me and had come to be analysed to win my love. Thus in her analysis she was able to live out the full force of her sadistic hate towards her rival, to recognize the secondary nature of her conflict with the servant girl, and subsequently to realise the neurotic basis of the conflict. Up to this point—this knowledge cost a year's analytic work—she had considered her real conflict to be completely settled and of no further importance, and imagined that she had long ago forgiven her husband for his infidelity. From this short sketch of the case it is possible to see how the actual conflict had grown from an "external" to an "internal" one.

Let us briefly complete our survey of the case. The patient found herself in a real actual conflict. The

normal mode of reaction would have been: either to renounce the object and find a new one after a period of mourning, or else to enter into a struggle with her rival. But the first of these solutions the patient could not adopt, because, as the analysis showed, certain infantile attitudes, which she had continued to preserve, had the effect of binding the patient more strongly to the loved object in proportion as it withdrew from her. And the second possibility remained closed to her, because her aggressive vindictive tendencies were so intense that they had to be rejected and repressed.

But there was still one solution left, by adopting which the patient would have remained healthy, *i.e.* without neurosis. For the analysis revealed that she had been in similar actual conflicts several times before in her life, which she had always solved in the same way, by means of a compromise on the part of the ego—as I mentioned at the beginning. This compromise was: to renounce the heterosexual love-object, but to force herself between the man and the woman and destroy the bond by taking homosexual possession of the woman. Thus had she tried to separate her parents in childhood, an action which masked itself in an excessive love for the mother. And this childhood situation was the source of the masculine tendencies which she had later sacrificed to her husband.

As this sole accessible solution of her present conflict had been rendered impossible by her rival's opposition, there was no alternative but neurosis. The hate-tendencies against her rival she displaced on to the servant girl, the aggressions against her husband she transformed into masochism (menial

domestic tasks), by means of which she sadistically tried to increase his guilt by the sacrifices which she went on demonstrating to him anew.

You can see from this instance how the actual conflict was replaced by the neurotic one without the patient herself being aware of the intolerability of the real conflict. And you can see too how the ego undertakes attempted solutions to protect itself from illness and that it is only when these fail that it succumbs to "insolubility", *i.e.* neurosis.

Our analytic knowledge of the human soul has taught us that every civilized person is really in a continuous state of *latent conflict*, with the real world, on the one hand, and with his own inner forces on the other, since he has always frustrations to endure and inhibitions to overcome. The harmonious solution of these internal and external conflicts is the affair of his personality; and everyone has his characteristic, one might say characterological, manner of enduring and overcoming normal frustrations. The latent conflict will only become an actual one when the boundary of endurability for the person in question has been passed. This may happen either as a result of the extent of the frustration, or from some weakness of the ego, or because of some particular affinity between the frustration and the tendencies which have hitherto been successfully repressed. Here, too, the actual cause plays the part of the activating *agent provocateur*.

Thus the resulting conflict is constructed according to prototype. But, more than this, psycho-analysis is able to show us that many a conflict, similar to the actual one, has run like a thread through the life of the individual in a non-pathological rudimentary

form. In many cases one gets the impression that the actual cause itself has arisen through an unconscious provocation and that the type of real frustration thus provoked is as specific for the individual in question as the type of conflict-formation (*e.g.* in love-conflicts). We have seen that the healthy person as well as the neurotic has the tendency to go on actualizing the once actual conflicts of his own childhood. In fact the action of the healthy man in this respect differs from that of the neurotic only in the fact that it is consonant with his ego and with reality; he brings up a family, forms clubs, "common ideals", etc.; in a word, he is continually creating his own conflicts in order to solve them. The neurotic, on the other hand, is unable to find a solution for the real conflict, and his ego gets into a condition which we have called the "actual conflict" of the neurotic. The affinity with the neurotic symptom, the dependence on the same dynamic factors, is shown too by the ease with which he can be grouped under one of the typical neurotic diseases, hysterical or obsessional as the case may be, without exhibiting, however, any actual symptoms of either.

It must be admitted that the question of the actual conflict has given rise to much lively discussion. Recently, for instance, Rank has reproached psychoanalysis with neglecting the actual conflict in favour of the historical past. Perhaps the best solution of the problem is to be found in Freud's words: "The actual conflict of the neurotic only becomes intelligible and soluble if one traces it back to the previous history of the patient and follows out the course which his libido took in the production of the illness". I hope that this pregnant definition

of the actual conflict has been sufficiently illustrated by the example I gave you.

So long as a person's conflict is of a completely real character, he stands outside the scope of analytic interest. This begins as soon as the conflict has evoked neurotic reactions, as soon, therefore, as it has become intricately bound up with the whole neurotic personality, *i.e.* has undergone the transformation from a real to a neurotic conflict. Thus the question of the attitude to be taken by the analyst to his patients' actual conflicts really answers itself: the same as with all other psychical manifestations of the patient. The analyst must unmask the resistances wherever they can be discovered and must resist the patient's attempt to divert the attention of the analyst from unconscious processes to the plane of actuality.

If the actual conflict is manifest and plays a dominating rôle in the patient's mental life, he should be trained to turn his attention to the analysis of the unconscious sources of the conflict. If, on the other hand, it has been repressed and transferred to another sphere by symptoms or displacement (as in the case mentioned above), then it is of course essential to remove the unconscious resistances and unmask the actual conflict.

In two cases in particular is it necessary to submit the actual conflict to consistent investigation: (1) if the patient turns with alacrity to the infantile material and tries to divert the analyst's attention from the actual conflicts; (2) if the actual conflict and the transference neurosis, *i.e.* the neurotic relationship of the patient to the analyst, become merged in an intimate symbiosis, as a result of which

the transference resistances unite under one standard with the unconscious resistances of the actual conflict against the analysis. I need only remind you of the behaviour of the patient mentioned above, who transferred a large part of her actual conflict (the love-frustration from her husband's lover) on to me; both of which, the actual conflict and the attempt to win my love, she sought to repress. To neglect the actual conflict in favour of infantile material in such a case would be of course a crude mistake on the part of the analyst.

It usually happens that with the formation of the transference neurosis the patient's interest is diverted from the whole conflict with the outer world on to the analysis or the relation to the analyst. With the solution of the transference neurosis the actual conflict sometimes disappears automatically, often indeed without it being dealt with directly at all. Such cases supply convincing proof of the absolute connection between the actual conflict and deeper sources.

It sometimes happens that patients seek in the outer world outside the analysis a discharge for the feelings which the analysis has mobilized in them and which the analyst cannot gratify. They then realize in a manifest and actual form their neurotic transference-wishes, thus creating a parallel in the outer world for the actual situation in the analysis. The obvious attraction which this course has for the patient when compared with the negative attitude of the analyst has the effect of turning the patient's interest from the cure, with consequent interference to the progress of the treatment. It happens, for instance, during analysis that patients form neurotic

love-relationships to obtain an actual substitute for the infantile wish-phantasies which the transference has stirred in them. Such situations tend seriously to endanger the course of the analysis. For the patient, as a rule, they soon bring actual conflicts in their train, which must of course be dealt with in the analysis.

If the patient suffers some real injury from the outer world which is accompanied by strong affect-reactions, the analyst should modify his attitude accordingly. He will manifest his human interest and desire to help the patient even though he holds up the analytic situation for a period by so doing. Only when the loss-reactions of the patient assume a neurotic character will he direct his attention more to these reactions and less to their occasion. There is hardly an event during the course of the analysis which will not gradually merge into the transference and the entirety of the analytic situation. The possibilities are countless and in most cases the analyst must rely on his knowledge and tact to show him the way to his patients' inner conflicts. One cannot find a rule for everything.

PART I

HYSTERIA

LECTURE II

HYSTERICAL FATE-NEUROSIS

In our last lecture we considered the part played by the actual cause in the genesis of a neurotic condition, and we were able to see that the rôle of the actual conflict is only that of *agent provocateur*. In some cases indeed it is itself the result and product of a neurotic provocation. We spoke too of individuals whose existence is one long series of actual conflicts, called forth of course by their own attitude to life. In these chronic cases the actual conflicts acquire a specific character, for they are the reflection of an inner conflict ever seeking to express itself externally. But the opposite is true too: an external conflict will call forth different reactions according to the disposition of the individual in question. You remember the three patients I mentioned in the last chapter, where one and the same cause provoked three completely different modes of reaction in three different forms of neurosis. It is clear that the causes of this difference did not lie in the actual traumatic experience, which was the same in each case. They lay in what may be described as "dispositional factors". Without going more closely into the meaning of this concept, I will confine myself here to the remark that what we call disposition can be traced back to two

factors in the psyche: that which has been acquired from earliest infantile experience on the one hand, and an inborn constitutional predisposition on the other. The latter is only accessible to analysis in its results, whereas the former, the infantile experience, plays of course an important part in the analysis. I do not intend to discuss the development of analytic knowledge of the infantile trauma here; I will merely mention that our understanding of the essence of neurosis starts from the discovery of the fundamental significance of the infantile trauma for the origin of the neurotic process. (Freud and Breuer.)

In the course of the years this discovery has been both widely developed and considerably modified. It is true, that is to say, that there are a number of cases in which a serious infantile experience, a so-called psychical trauma, not only provoked the neurosis, but actually caused it. In such cases one can say with more or less certainty that it is only the misfortune of having the particular experience that has made the child ill. But with the overwhelming majority of patients it is easy enough to see that the so-called traumatic experiences of childhood have exactly the same significance as the actual conflicts of the adult. They had a traumatic effect because they could not be overcome, which was usually the consequence of a predisposition in the child, which in some cases itself provoked the experiences. Indeed we are often able to establish a connection between the actual neurotic conflicts of the adult and these first traumatic experiences of the child. This connection is due either to a psychical experience of childhood which has not been got over and which thus tends to repeat itself in later life, or to a par-

ticular predisposition which reacts neurotically to an accidental experience. If this predisposition remains unaltered in later life it will mean that the individual tends to react to similar accidental experiences in the same neurotic way.

Our analytic experience has forced us to recognize this "dispositional factor". It became abundantly clear that many children were unable to overcome completely normal experiences in a normal way. One of our most important pieces of analytic insight, in fact, is the discovery that even the normal conditions of infantile life make demands which are by no means infrequently beyond the child's psychical powers. And the incapacity to deal with these difficulties can produce various pathological reactions. Our insight into the mental life of the child has taught us that it is really continually the victim of "actual conflicts", and that it quite regularly reacts to these conflicts in certain stages of its development by temporary anxiety-states, the typical form of an infantile actual neurosis. It may nevertheless remain quite healthy, till some frustration in later life becomes intolerable and finally produces a neurotic illness. In this case analysis will enable us to establish a connection between the new neurosis and the infantile one. Moreover it frequently turns out that the individual has only been relatively well in the interval.

In other cases the infantile neurosis has from the start the character of a lifelong psychical defect, in which case the neurosis has a specific form even in childhood; thus differing from the above-mentioned infantile anxiety-states, which belong to no particular neurotic category. The type of neurosis

rests in a constitutional factor, which can be recognized even in earliest infancy.

Before embarking on a theoretical consideration of these dispositional factors, I should like to discuss with you various forms of hysterical illness on the basis of analyses which I will describe to you. We shall then be in a position to draw theoretical conclusions with a greater degree of understanding.

I shall begin with the clinical picture of a patient, to which I will give the name of "hysterical fate-neurosis". We shall be able to show that the patient, who was without symptoms and as unsuspicious as her friends and relatives of the pathological element in her fate, was nevertheless subject to the same difficulties and pathological fixations in her mental life as other people who suffer from severe hysterical symptoms.

The patient was twenty-five years of age and had made the long journey from overseas to Vienna in order to escape from the environment of her actual conflict and seek help for the emotional turmoil in which she found herself in psycho-analytic treatment. During the journey her turmoil had subsided, and when she came to consult me she gave the impression of a calm and self-possessed young lady without the slightest insight into her illness and, as she thought, in no further need of treatment. She was beautiful, cultured, and of wealthy family. Shortly before her departure she had made an unsuccessful attempt at suicide; a scarcely visible scar on her temple was all that remained of the revolver shot. She had made the attempt in a small hotel in her native town under circumstances which seemed to point, as she herself admitted, to some obsessional element in the situa-

tion. The motive for her suicide had indeed never been clear to her. Gradually, in this first interview, she began to see that there was something mysterious and apparently morbid in her life, something which convinced her that she was after all in need of analytic treatment.

It would take too long to describe the whole history of her case in detail. I will only give as much as is absolutely necessary to illustrate the typical features of a "fate-neurosis".

She had an outwardly uneventful childhood, only troubled by the fact that inhibitions and inner difficulties prevented her from fulfilling her intense intellectual ambitions and her desire to go to the university and take up a profession. When still quite young she became engaged to a cousin, with whom she had a tender love-relationship for several years. But she herself did not feel "fulfilled", as she expressed it, in this relationship. In her view her fiancé loved too much the "woman" in her, and left the intellectual tendencies, on which she laid so much stress, completely unsatisfied. She mentioned incidentally that despite his great love for her he had had polygamous tendencies, about which, however, she had never felt the slightest jealousy.

On one of her travels she made the acquaintance of an elderly man of high intellectual attainments in an important diplomatic position who awakened her interest. A friendly intellectual relationship developed, at first without erotic elements. The man's first wife was dead and his second marriage was, so thought my patient, a happy one. But when their friendly intimacy had grown closer the man confessed to her that his marriage was not a happy one

and unable to compensate him for the loss of his first wife, whom he had loved passionately. This confession was too much for our patient's heart. To be loved as the dead woman had been loved! This sudden feeling was the beginning of a love-relationship. She broke off her engagement, her new lover separated from his wife, and an apparently happy period set in for our patient.

Then a strange incident brought clouds into their relationship. The lover was called away to his wife's sick-bed. Our patient looked upon his departure as a natural act of humanity and made no sort of protest against the inevitable, taking advantage of his absence to go on a short trip. On the way she met a man whom she had known before, but for whom she had never felt the least interest, and to this completely indifferent object she gave herself without reservation. She became pregnant and an immediate marriage was decided on. Gradually, however, she altered her decision, interrupted her pregnancy, and returned to her lover with a remorseful confession of her guilt. Her relationship to him became as tender as before, he procured his separation from his wife, and the date of the wedding was settled. And then in the middle of the preparations the patient made the attempt at suicide, which meant for both the end of their relationship.

At times during the analysis a painful yearning for the loved one returned to her, though she felt completely convinced that she would never meet him again. In her description of it she would contrast this relationship with that towards her first love (her cousin). The second relationship was intellectually satisfying and a source of such great happiness just

because her lover, himself so highly gifted, had so high an opinion of her own intellectual attainments. In contrast to her first lover, he made considerable intellectual and moral demands on her. But strangely enough it was just these demands, which she herself so deeply wished for, that became the cause of her unhappiness. She would go through nights of agony tortured by the feeling of her own inadequacy and inferiority. She had the impression of a dark mysterious shadow which was clouding her existence. The nearer she came to the fulfilment of her desires, just before the wedding, the deeper the shadow descended on her, driving her eventually to the attempted suicide, unmotivated as it seemed both to herself and others.

In her very first interview she had told me that the attempt had had nothing to do with unhappiness in her love affair. It is true that she had noticed at the time a certain estrangement and coolness in her lover, and had got the impression that she was about to make a hasty marriage which ought to be prevented. What had driven her to despair, however, was not these love-conflicts, but the thought that in the event of their marriage being a failure she would be forced to continue in dependence on her tyrannical father. This it was which had seemed to her so intolerable.

The tragedy of her life did not consist in disappointments in love, but—as she herself quite consciously felt—in the fact that she was not in a position to free herself from her dependence on her father. For years she had attempted to win material independence by study and all manner of specialized work. But despite her manifold talents all her efforts

had come to grief at the last moment owing to an inner inadequacy. In despair she used to say: "Why is it that I alone cannot do what every other woman in my country manages so easily and naturally?"

Let us turn for a moment to the family history of this young girl. She was the second youngest of a numerous family. The father was an exceptionally efficient man, stern, self-opinionated, and feared by those around him. The mother, who was despised by our patient, lived in slavish independence on the father. This relationship between the parents roused disgust and protest in our patient. She herself, always a beautiful and talented child, had formerly been her father's favourite. Her only rival at that time was a brother four years younger than herself and of outstanding ability. This brother, whose gifts as a physicist had given rise to great hopes as to his future, died in his twentieth year. The patient herself was gifted in the same field, but, as already mentioned, was unable in consequence of her inhibitions to attain her aim of studying likewise.

Her childhood followed the typical development of a small girl. She loved her father, and, as even a superficial survey made clear, she possessed strongly negative, hostile tendencies towards her mother, which she herself attributed to the fact that her mother was stupid and uneducated and above all so slavishly devoted to her father.

For some time her infantile phantasies were feminine in character, and were satisfied by playing with dolls, and the analysis was able to reconstruct the normal Oedipus attitude of the time, in which the wish to have a child was intensified by the birth of her small brother. And for a time she did actually

find in the little boy some satisfaction for this wish.

Such an attitude in a little girl may be considered completely normal. Strong love-relationship to the father, negative attitude to the mother, the unconscious wish to have a child from the father, in place of the mother—that is the regular Oedipus attitude of the little girl, neither pathological nor even unfavourable. It is the later development of this attitude which is decisive for psychical health or illness.

Our patient's first psychical complication arose after the birth of the little brother, an actual conflict which had to be faced. A whole series of little frustrations and disappointments from her father, all of which she had faithfully preserved in her memory, served to represent this one great disappointment: the mother and not she had got the child.

A second source of disappointment weighed especially heavy on her psychical development: in the comparisons which she made between herself and her brother she could not help noticing that the little boy was better equipped somatically than she was. The feelings of inferiority and inhibitions, which had proved so great a hindrance to the attainment of her intellectual aims, owed their source to this attitude, which had persisted uncorrected in the unconscious. The jealousy and aggression towards the little boy had evoked guilt reactions in her, which contributed in their turn to prevent her from entering into competition with her brother in later life. And this attitude of rivalry towards her brother was increased by the fact that he endangered her priority in the matter of their father's affection. The analysis

made clear that the frustrations and disappointments of her childhood had led to strong aggressive reactions and vindictive tendencies towards the unfaithful father, the despised mother, and the little rival.

After the successful repression of these Oedipus wishes this infantile relationship to the father expressed itself in a repudiation of her own femininity, which could be interpreted thus: "I refuse to play the part my mother played—to be passively and slavishly devoted to my father". Alongside this conscious revolt, however, arose an unconscious subjection to the father, from which she was never able to free herself; no answer was possible to her despairing question, "Why can't I be free and independent like other girls", because this answer lay hidden in her unconscious. But this was not the only form in which she expressed her inner dependence. The lack of satisfaction in her first love affair had been brought about by the fact that her lover, who was himself somewhat passive and in no way "tyrannical", had given her no opportunity of bringing herself into that repudiated but unconsciously desired relationship to the man, for which she had envied her mother as a little girl. For her unconscious libidinal desires this relationship of the woman to the man remained her only possibility of being "fulfilled" as a woman. The vehement protest against the mother's masochistic attitude was, it proved, really a protest against her own masochistic fixation. In the choice of her first lover she had indeed attempted to evade this unconscious urge. In this she did not succeed, and when a love situation more in accord with that between her father and mother presented itself she was driven

to be almost compulsively unfaithful to him. One need only recall the situation in which her love for the second lover was stirred: so to be loved as the deceased wife had been loved.

To make clearer the meaning of this situation I will describe the following episode which came up during the analysis. When the patient was twelve years old she visited a bathing resort with her mother. Here a young coloured native, a hawker, told her, strangely enough, his life story. He was already twice married, although only eighteen years old. He did not love his second wife, but his first, dead, wife, he loved with unabated passion and could never forget her—except, perhaps, for her (my patient's) sake, whom he had so fortunately met that day. Would she—the little girl—consent to marry him? His first wife had left him a charming little child; would the little girl perhaps like to have a look at it? Whereupon he gave her his address and she promised to pay him a visit. Then she wandered about for hours in the streets looking for the house, but the address proved to be false and she realized at last that she had been the victim of a hoax. This experience was a cruel mortification for her. But its peculiar identity with her last love affair rouses the suspicion that her own imagination had first played its part in helping the young native to invent this love-story.

The same source was clearly responsible for another little episode which she experienced at the beginning of the analysis and which was all the more incomprehensible to the superficial observer as she was still strongly under the influence of her latest disappointments. Chance brought her into contact with a man who had just shortly before lost his wife

and had fallen a victim in consequence to a melancholic depression. Regardless of her own conflicts the patient considered it her duty to save this man by her love and take the place of the deceased. The constant recurrence of such episodes in her life was certainly very remarkable.

Let us consider analytically the situation at the time of her second engagement. This man has not, like the first, been chosen as a contrast to the father, but on the basis of an unconsciously manufactured similarity. The inner urge to a satisfactory attainment of her goal leads her to make her choice not in accordance with the principle of escape, but of similarity. This choice would seem to be a favourable one, for it has been satisfactorily brought into line with her conscious demands. This man is, that is to say, active and imposing like her father, places her in a superior position over the first woman (which her father had not done), but—and that is perhaps her greatest triumph—he does not involve her in the humiliating rôle which her mother played, but puts her, on the contrary, on a pedestal, treats her as a comrade and makes the same demands of her which she had always made of herself (in order to stand in contrast to her mother). These demands she must strive to fulfil; strive, that is to say, to be intellectual and learned. But it is just these demands which give rise to the first, already neurotic, disturbance which had always rendered the fulfilment of these demands impossible to her. The motives of this inhibition became clear from the analysis. In the rivalry-relationship to her brother she wished to attain what he had done, but was always forced to renounce this goal from the inferiority-feeling: "I'm only a girl". The

old guilty feelings towards the brother, which had only been increased by his actual death, contributed their part, too, to this inhibition.

The chief motive of the inhibition, however, lay in the fact that despite the conscious protest against the nature of the mother's relation to the father she herself harboured in herself the unconscious infantile wish (which had betrayed itself in the compulsive repetition) to stand in precisely this relationship to the loved man. The distress which she experienced in her second love affair arose out of the conflict: "You love me in my pride and energy, and yet in my relation to you I can only be humble and devoted as my mother was to my father".

In her neurotic hesitation between this Scylla of conscious protest and the Charybdis of her unconscious masochistic attitude she provoked her lover's estrangement, and faced by the threatening difficulties of her marriage she sought to save herself by death. The statement she made in her first interview with me, "I will not be dependent on my father any longer", corresponded to a deeper truth than she herself could divine.

I should like here to produce some more material from the analysis to show still more clearly that our patient's fate was determined by a provocative compulsive acting-out of an infantile fixation on the father.

A few weeks after the beginning of the treatment the father made objections to its continuance and refused to pay the fees any longer. I myself—being interested in the patient—suggested continuing the analysis gratuitously even against the father's will. The patient herself implored me to oppose the

father's demand and to show him that the decision about the necessity of the analysis lay with me. It was clear that she wanted to see me in opposition to the father. (In contrast to the mother!) A dream which she had the night after this showed, however, that this reaction did not entirely correspond to her deeper attitude. It went as follows:

She is not in analysis with me, but with a Mrs. X——, who is a loathsome, tactless woman. This woman abuses me and advises her to leave me, for I only treated her for the sake of the money.

The analysis of the dream showed clearly that I myself was the loathsome, tactless woman who had come between her and her father to upset their relationship. And she, one and identical with the father, thinks exactly as he does and turns with him against the hostile interfering mother representative.

Yet another episode from the analysis. Once, when the patient was three years old, a glass object fell on her and wounded her on the head. Her father, summoned by her cries, rushed into the room in a state of desperate alarm. This was, as the patient explained, the happiest moment of her life. To see her father in pain, the desperate pathetic weakling instead of the stern tyrant, remained the almost conscious wish of her heart. In this wish she herself, his love for her, was the cause of his pain. The unconscious phantasy that drove her to attempt suicide had as its aim the repetition of this infantile scene (the wound in the head!). The object of her wish was this time the father and the lover in one.

As already mentioned, the patient herself never considered herself ill. All the failures of her life she attributed to her "ill luck", though, it is true, she did

at times have the feeling that some "devil" was destroying her life. Whenever she was cheerful and happy she seemed to hear his voice: "It will turn out badly, just you wait and see; it'll be different from what you expect". And this gave her the feeling that there was something in her which inevitably interfered with her happiness. It ran through her life like an inscrutable decree of fate: she was capable of rousing love in others and feeling love herself, but all her love affairs ended in a cruel disappointment, in which she played sometimes an active, sometimes a more passive suffering part.

Possibly disappointment is the normal fate of *every* love-relationship. But here too we must seek for the standard for *normal* or *pathological* in quantitative differences. The patient herself was only very occasionally aware of the morbid element in her existence; usually she attributed her unfortunate experiences more to the powers of the outer world than to her own inner forces.

As we have seen one of our patient's typical experiences was to feel herself attracted by men who had already lost a loved wife, by mourning widowers whose mourning affected our patient like a love potion. The descriptions these men gave of their love for the dead woman were for our patient like the most passionate wooing of her own person. This form of love-choice was determined by the phantasy: "So to be loved as the dead woman had been loved". It was for her a peculiar attraction to find someone whose love so far had belonged to another woman. The fact that the woman was already dead had the advantage that it was no longer necessary for her to become a murderess (in the sense of the unconscious

death-wishes) in fulfilling her wish. The situation was, so to speak, ready-made. Strangely enough, her unconscious feeling of guilt took no account of the real facts in the matter of her predecessor's death. The unconscious guilt was a bad partner in this inner business deal. It made itself independent and, as the analysis showed, behaved in relation to the patient's ego as if she herself were responsible for the woman's death. In all her dreams this guilt towards the "dead woman" made itself manifest.

Yet another unconscious motive played a very important part in her neurotic fate. The patient declared that she had never felt the least jealousy in any of her love affairs. Characteristic for this was her reaction to her lover's visit to his second (as she knew, unloved) wife's sick-bed. Consciously our patient did not feel the slightest objection, but she nevertheless became rapidly engaged to another man and even deliberately pregnant in order thus compulsively to take an adequate revenge. It was only in the analysis that it was possible to recognize suppressed jealousy to be the motive of this neurotic behaviour. That she did not permit herself this normal human reaction but preferred to react compulsively was conditioned by the fixation of her mental life in unsettled situations of infantile jealousy which she had repressed at the time and could only experience in unconscious repetition.

Our patient had developed yet another form of jealousy: the first lover (her cousin) had loved her with a sincere and faithful affection. Nevertheless, he did from time to time indulge his so-called polygamous tendencies, towards which our patient manifested the utmost tolerance and understanding. And

yet at a time when she had already lost all interest in this lover and was at the happiest point of her relationship with his successor, it would happen that certain places or persons produced a distressing sensation of apparently unmotivated sadness in her. The analysis revealed the fact that it was usually a case of situations in which she had formerly had a real cause for jealousy when she had been engaged to the first lover and had been together with him in these particular places or company. It even happened that she would make feverish attempts, now it was all past and done with, to try and make certain whether and in what form he had been unfaithful to her at the time. He himself had actually no further significance for her, but a part of her infantile personality still clung to situations from which she was unable to free herself because the original reaction had never been properly dealt with. Of course, such displacements of affect, subsequent reactions, and compulsive repetition-tendencies are common even to the healthy human mind; it is only their frequency and the degree of inner dependence they produce which entitles us to consider them neurotic.

The form of neurosis to which we ascribe a given neurotic reaction must depend on the same considerations we apply to the formation of a morbid symptom.

The centre of our patient's analysis was her fixation on the father. We speak in such a case of a fixation on an infantile object and we know from our analytic experience that an object-fixation of this sort is decisive for the genesis of hysteria. It is indeed possible for the object-choice of later years to be determined by the prototype or the opposite of our

first infantile erotic fixations, but only when the "taboo" has been removed, *i.e.* when the guilt with which the original objects were invested no longer applies to the new relationship, when the former *you may not* or *you cannot* has ceased to have its anachronistic effect, in short, when the infantile conditions of the object-choice are freed from their disturbing inhibitions.

The fact that our patient made her object-choice on the model of the father was not in itself neurotic, nor even her preference for widowers. All we can say is that a peculiar repetition-tendency could be clearly traced in the course her life had taken.

Where are we then to find the neurotic element in a person's fate? Definite criteria we shall not be able to set up, any more than we can draw a definite line between health and disease in considering a complete personality. In dealing with the present case, for instance, the favourite method of social valuation will not lead us very far. The patient is on the whole a socially adapted being, *i.e.* she does not interfere with the interests of the community and gives expression to no sort of asocial tendencies.

It is merely that she lacks the capacity to attain a goal which is satisfactory to herself, and when we observe the course of her life analytically, we can see that her adult ego behaves exactly as her infantile ego did in relation to the infantile prototypes of her subsequent experiences. Even if we concede her predilection for widowers to be in itself unneurotic, the disappointment provoked by herself and experienced as a cruel "fate" must be considered a neurotic component of this choice. Just that element was taken from the infantile prototype which the adult ego

should have been able, but was actually not in a position, to rectify. And therefore the disappointment which she had once experienced in relation to the father had to be repeated anachronistically in relation to the new object.

Here—in this case—the criterion of morbidity lies in the degree of individual unhappiness, which of course does not mean that whoever is unhappy is therefore neurotic. We have seen in this case that the later object-choice, the result of infantile fixations, was accompanied by feelings of guilt the genesis of which was to be found in unsettled infantile conflicts. This guilt forced the patient to continual renunciations, penance-reactions, and ultimately to attempt suicide.

These excessive guilt-reactions, which were closely connected with the form of object-choice, are the second criterion of morbidity in our patient's "fate-neurosis".

When are we justified, then, in speaking of a fate-neurosis? And is there any difference between a fate-neurosis and a so-called neurotic character? I think there is a difference, even though it is only a quantitative one.

The fate-neurosis is a form of suffering imposed on the ego apparently by the outer world with a recurrent regularity. The real motive of this fate lies, as we have seen, in a constant, insoluble, inner conflict.

We call this fate-neurosis hysterical when it can be traced back to repressions which arose in that period of childhood in which infantile sexuality had reached that stage which corresponds most nearly to the genital sexual life of the adult. In such a case the

libido does not regress to earlier stages of development; the unsuccessful repressions affect the choice of object and the conflicts which result from the infantile fixation on the object. Our patient was fixated on the father as infantile love-object and all the experiences of her fate-neuroses were the result of this fixation. If we wish to express what we have said in a formula, we should say, it is a fixation in the infantile-genital phase of libido-development.

The distinction between the *fate-neurosis* and the so-called *neurotic character* is a fluctuating one and cannot always be determined. The neurotic character exhibits more diffuse disharmonies in its relation to the outer world. These disharmonies are due to infantile traits which become attached to the adult personality; but they coincide to so large an extent with the whole ego-organization that one is never in a position to trace the unsuccessful repression as clearly as in the fate-neurosis. They are not, like a symptom or a typical fate-formation, alien bodies organized against the ego in its entirety. They are components of a historical past, already assimilated by the ego, which give a definite character only to the complete personality.

In consequence of this symbiosis with the ego the neurotic character is not very accessible to analytic therapy. It is not here a question of alien forces opposing each other; and the influencing of what we call "character" will only be possible where excrescences of the neurotic symptom protrude, as it were, from the assimilated elements. And then along with the symptom the character-mass from which it stands out will certainly be influenced too.

The fate-neurosis seems more adapted for treat-

ment, because the blows of fate are in this case conditioned by the same inner motives as neurotic symptoms. Indeed the suffering of the individual will be accessible to analytic therapy in so far as he himself recognizes it to be morbid.

LECTURE III

HYSTERICAL CONVERSION SYMPTOMS

Pavor Nocturnus, Bed-wetting, Impotency

LAST time we discussed a case of hysteria in which clinical symptoms were lacking—a "healthy patient", so to speak, healthy in the sense of being free from symptoms, but pathological in the whole structure of her personality and in the perpetual conflict with the outer world. This condition I called a "fate-neurosis", and her fate as I described it to you was determined by the same infantile experiences and difficulties in development as we are accustomed to observe as aetiological factors in the origin of other neurotic illnesses.

In the case-histories of hysterical neurotics who do suffer from symptoms you will find exactly the same forces at work as we have seen with our last patient.

The case I am now going to describe to you is that of a young man of twenty-eight who came to be analysed on account of interferences with his potency. It soon became clear that he suffered from a whole series of psychically determined physical symptoms which, however, he had always considered to be completely organic. The degree and character of his impotency varied very much. At times he was capable of erect-

ive potency, but with *ejaculatio praecox*; at other times a premature relaxation of the penis would occur, usually just before the emission. After some months' analysis he attained complete potency, at the price, it is true, of new symptom-formation. For just as he was beginning to get better, a successful coitus had a very painful epilogue. He suffered thenceforward from bed-wetting, which brought him, as one can imagine, into an extremely painful situation. The patient had to break off the analysis at this point for external reasons, but the symptom was spontaneously cured after a few weeks. The patient, however, knew as well as I that his analysis was not completed, and after about a year's interval he returned to the treatment, although his potency had left nothing to be desired the whole time.

Even by the end of the first phase of analysis it had been clear to him that his relation to me, which embraced many of his neurotic wishes and phantasies, played a great part in his mental life. During the analysis he had gradually brought everything under this group of phantasies, the centre of which was my person, and had thus formed an intensive "transference-neurosis", *i.e.* he had transferred all his infantile, symptom-formative attitudes on to me. The attainment of his potency was a mere result of the transference, due to the fact that all the anxieties and prohibitions which stood in the way of his relation to the female sex were concentrated on his relationship to me, as a result of which he was free to perform the physical act in a completely instinctual way with people to whom he was entirely indifferent, without tenderness or deeper psychological satisfaction. The only really satisfying element

in the whole process was the narcissistic feeling: "I can do it". With the resumption of the analysis complete impotency set in again. It had clearly now become impossible for him to carry on this cleavage in his mental life any longer, and the act was again interfered with by anxieties and mental inhibitions. At the same time the patient began to masturbate excessively, which he had not done since puberty. At this point he told me, for the first time in the course of his analysis, of a habit he had had since early childhood. He could never go to sleep unless he had his hands under the pillow. And if it happened that his hands got free during sleep owing to the pillow being displaced or so forth, he used to wake up at once.

This habit clearly had something obsessional about it, and in order to understand it better, I intervened actively in the analytic situation. I advised him to try and sleep with his hands on the sheets for a change. The patient took my advice as a command and attempted to follow it. The first few nights, however, he went on sleeping involuntarily with his hands under the pillow. It was only by adopting counter-measures—by sleeping on a leather pillow which fitted close to the bed—that he succeeded in his resolve. But this had strange consequences. The same night, that is to say, he experienced a typical attack of *pavor nocturnus*, waking up with screams of fear. I already knew from the analysis that he had suffered for some time from these attacks as a child of five, and also that this symptom had been succeeded between his seventh and eighth year by nightly bed-wetting, *enuresis nocturna*. I knew too that his childhood *pavor nocturnus* dated from a period in which he

was at the height of his normal Oedipus attitude and that the aim of his nocturnal cries was to persuade his mother to take him into her bed in order to protect him from his anxiety. I also knew that his infantile enuresis had begun just when he had succeeded in abandoning his onanism. The meaning of this is all so clear that we are probably justified in concluding that the enuresis too pursued the same disguised aim, the flight from his own cold wet bed into his mother's all too indulgent presence. And this may well rouse our suspicion that the freeing of his hands at the time of the treatment had mobilized something in our patient which had been active in his early childhood.

Such a command as this, to keep the hands under the pillow, occurs frequently in the sleep ceremonials of obsessional patients and is usually connected with unconscious prohibitions of onanism. It was thus obvious enough that the desire to protect himself from onanism played a part in our patient's obsessive act. It was indeed no mere chance that he should have told me of this habit just when he had begun to masturbate excessively again. It was clear then that his present *pavor nocturnus* must, like its infantile prototype, be connected with onanism.

Pavor nocturnus and *enuresis nocturna* are the two commonest neurotic symptoms of childhood. *Pavor nocturnus* is *par excellence* the most intense expression of that infantile anxiety which lets us see the difficulties which even a normal child has to contend with in its psychological development. Whether this form of anxiety, which is typical for *pavor nocturnus*, has a specific content is not clear. A sensation of anxiety when waking up from an anxiety-dream is

a very common experience both with children and adults. But the convulsive utterance of a scream and a typical motor inhibition, which can also affect speech and which sometimes actually interferes in a most painful way with the utterance of the scream, would seem to correspond to some particular process. This desperate not-being-able-to-save-oneself owing to the interference with one's freedom of movement seems to me to be a specific factor in the anxiety-reaction.

With our patient I was able to catch the reactivation of his infantile symptom red-handed, so to speak. The dream which preceded his last attack of *pavor nocturnus* was as follows: He is lying in bed with a woman whose features seem to him familiar but whom he cannot identify. He tries to have sexual intercourse with the woman, but has the uncanny feeling that there is somebody in the next room who might be able to overhear him. At the same time he has the uncomfortable sensation that the wall in front of him is beginning to totter. He sees the wall growing softer and slowly crumbling away, so that it threatens to crash down on him. He tries to run away, but, as if paralysed, finds he cannot move his legs.

He awakes in a state of frightful dread, attempts to scream, but cannot utter a sound; finally he becomes fully conscious and notices that both his hands are lying on his erect penis. He brought two series of associations to the dream. One led back to the childhood situation, in which he had overheard the nocturnal visits which an elder brother used to pay his governess in the next room. This overhearing of coitus had a stimulating effect on our patient's phan-

tasies and drove him to onanism. In the dream he had reversed the situation, in that now he is overheard by others experiencing what he himself had overheard in the original situation. He had clearly reacted to both situations in the same way.

The second series of associations led to the actual cause of the dream. On the previous evening the patient, who lives in my neighbourhood, had gone past my windows. He stopped for a moment, and a thought, influenced by the transference situation, forced itself on him: "Who knows what she's doing at this moment! You bet she doesn't live as ascetically as I do!" This thought excited him very much sexually and he decided to find a prostitute. He wandered about, however, for some time in the streets and finally returned home without one.

It is clear that the occasion of the dream was a sexual wish directed towards me. The impossibility of realizing the wish led to the attempted wish-fulfilment in the dream. The "unknown" woman was the forbidden, unattained woman. The experience in front of my window on the evening in question activated the infantile eavesdropping scene, which then served as dream-material. Even in the manifest dream-content there is inhibition of the sexual function. The intended pleasure is interfered with by the listener on the other side of the wall. This inhibition is a clear expression of the prohibition. In the course of the dream the inhibition is intensified into anxiety. The scene of this anxiety is displaced from the inner world to the outer; the danger lies now in the tottering wall which threatens to destroy him; and behind the wall lurks the punishing agency, the parental authority. The anxiety now assumes the form of a

severe motor inhibition; the dreamer is unable to flee from the threatening danger. This element in the dream is a frequent and typical sensation of the so-called inhibition-dream. The characteristic quality of such a dream is the throttling of the dreamer's intended action. And this throttling, as we know, is the result of an inner prohibition. What happens is that a tendency to action, which is completely harmless in the manifest dream-content, cannot be carried through because behind it, as the dream-analysis shows, lurks a proscribed and forbidden impulse of the dreamer's, which has formerly been repressed and is now once more rejected by the repressing agencies.

The impulses which were at work in our patient's case are revealed by the first part of the dream: the sexual act is interrupted by the forces which lurk behind the tottering wall. And the nature of the punishment is revealed, characteristically enough, by the form of the threat. The "crumbling away of the wall" is a typical form of projection of one's own body on to an object in the outer world, *i.e.* a castration threat in consequence of the forbidden and inhibited action.

Let us now analyse the above process a little more closely. The patient related that he had suffered from nocturnal anxiety-states in childhood. At each attack he used to jump out of bed to seek refuge with his mother from the mysterious dangers that threatened him. We may assume that he pursues the same aim in the present situation.

At the beginning of the dream we have first the motor interference with the course of coitus. The subsequent motor innervation of the attempted flight

is due to the same cause, for this was clearly just another expression of the former interrupted attempt at gratification (as once in the flight to the mother). The running in itself, as a motor act in the service of the threatened ego, has in fact taken on the sexually motor elements of the interrupted sexual act. And so motor tendency, too, must be suppressed and inhibited like the sexual act itself. The inhibition of the sexual function is carried over into the inhibition of movement altogether. We can say that the patient's entire motility has become sexualized by taking on the elements of the interrupted sexual act. Thus the inhibition prevents the sexual aim being gratified, but nevertheless signifies a psychological gain. It intervenes, that is to say, to spare the patient the consequences of the intended action; for, as we have seen, the realization of this action is threatened with castration. The object of renouncing the motor action is to protect the patient from punishment. But in the dream this object is not attained, for the threat produces an intense anxiety state.

The patient wakes up, but the process which has been mobilized in the dream continues. We now have the third phase of the arrested action: he wants to scream and cannot—a typical sensation in the nightmare and a constant element in *pavor nocturnus*; and in our patient's case clearly a continuation of the throttled motor discharge-tendency. Finally, however, the inhibition is overcome and he is able to utter the scream and so obtain relief.

In the analysis it became clear under what conditions this inhibition could be overcome—when, namely, the motor action acquires a new aim: he

screams now, not to achieve the gratification of his inhibited sexual wishes, but to prevent their realization. At the moment of emitting the scream the patient attains consciousness and finds his hands on his genital. The aim of the scream, therefore, is to summon the aid of those forces who will prevent the masturbation and its accompanying dangers. The patient recollected that the *pavor nocturnus* of his childhood had run precisely the same course. If the one form of anxiety-state proceeded without motor inhibitions and he was able to flee to his mother's bed, the other form, *i.e.* the *pavor nocturnus*, ended with the scream, the aim of which was to summon, not the complaisant mother, but the forbidding father. The one form of anxiety related to the libidinal longing for the mother, the fulfilment of which he still allowed himself. The other, the *pavor nocturnus*, came in the long run from the same source, the longing for the mother; but this was confronted in its turn by a severe punishment-anxiety, which already bore the character of castration-anxiety and inhibited the realization of the libidinal wish. The result was ascetic renunciation. The motor inhibition was released in the scream, the aim of which had become protection from the consequences of the forbidden wishes instead of their fulfilment.

The following night the patient had another dream. A monkey has escaped from its cage in the Berlin Zoo and has raped and murdered an old woman. The dreamer takes part in the pursuit of the monkey. He is caught up in the general stampede—much in the manner of an American film scene—but suffers from a distressing feeling, as though he were the pursued instead of the pursuer. Ultimately he suc-

ceeds in catching the fugitive—in the dream it does not strike him as at all odd that he is no longer a monkey but a man—and seizes the offender by the hand with a feeling of triumphant joy.

He wakes up to find himself convulsively clutching one hand with the other, by which action he shows that he himself was the criminal in the dream. The monkey he associates with his observations of masturbating monkeys while studying in Berlin. The infantile concept of parental coitus as a sadistic act makes clear that he himself was the murderer. The analysis had indeed already revealed the fact that at a certain period of his childhood—the period in which he suffered from *pavor nocturnus*—his onanistic phantasies were likewise sadistic in character. That the old lady in the dream was identical with me as the present representative of the mother became abundantly clear in the analysis of the dream. In the course of his associations the patient said jokingly that if I were really the person in question the motive of the murder could hardly be considered as sexual. For a few days before when paying his monthly fee he had had a "Raskolnikov phantasy" as he called it: it would be easy enough to murder me in my consulting-room, which was fairly remote, pick up the money and slink out unobserved. In this connection he recollected that the money arrangements at home had lain in the hands of his mother. In puberty, when the sexual bond with his mother had become intensified, he had reacted—in a way typical for young boys of this age—with hatred and inconsiderateness towards the mother, and there were continual unpleasant conflicts on the subject of money. The dream showed clearly to what an

extent these conflicts had served the interests of his repressed libidinal tendencies.

Both these dreams were organically connected with his infantile *pavor nocturnus*. In the first dream the position of the hands beside the erect penis showed that the process corresponded with the struggle to suppress his onanism. In the second dream he awoke to find himself "clutching himself by the hand" in an attempt to ward off the criminal action. We must not forget that both dreams date from the time when my active interference had prevented him from hiding his hands under the pillow. It is easy to see that this habit was a result of his own masturbation-prohibition. It was a defensive measure dating from the time of his infantile struggles against onanism. By withdrawing my protection I brought the patient into the original anxiety-situation, and as a result of this the infantile symptom of that time, the *pavor nocturnus*, was also mobilized.

I have the impression that the analysis of the patient's reawakened *pavor nocturnus* has revealed something which may be taken as typical. Analytic observers have long known that children tend to suffer from *pavor nocturnus* at the time of their masturbatory conflicts. This fact is indeed so obvious that even non-analytic observers have noticed it (*e.g.* Strohmayer *inter alia*).

I will describe once more shortly the process we have discussed above. In the dream the wish-fulfilling tendencies are mobilized. The masturbatory tendencies connected with these repressed wishes are accompanied by physical innervations which are directed towards a motor discharge. In the dream, however, this discharge is subjected to a threat of

punishment which produces an inhibition of the forbidden action (masturbation). This inhibition is extended to the whole motor system and the nightmare sensation of being unable to move, which is carried over into the waking state, corresponds to the suppression of the wish to masturbate. In some cases the effect of the punishment threat is continued in the state of half-sleep. One has seen terrified children reacting vividly in such cases as though they were in a hallucinatory condition; from their whole expression and their cry denoting "I won't do it again", it is easy enough to detect the punishment situation. The cry for help, which succeeds the end of the motor inhibition in *pavor nocturnus*, relates—as we have shown above—no longer to the satisfaction, but to the prevention, of masturbation. It was clear enough in our patient's case that the giving up of the preventive measure (hands under the pillow) had provoked the neurotic nocturnal procedure. The anxiety came to expression as soon as the precaution against it had been removed.

I have dealt in such detail with this mechanism of *pavor nocturnus* not only because it is one of the commonest forms of infantile neurosis, but also because the whole series of hysterical conversion symptoms from which our patient suffered had their origin in the same motor inhibitions which accompanied his *pavor nocturnus*. This is not to say that all the symptoms of our patient or of other similar sufferers are based on such a displacement process. It is only one form, one type of conversion symptom. But in general the action of a particular organ will always be interfered with when it is required to play some other part in addition to its usual rôle. There may be various

motives for this new rôle-cathexis. In our patient's case the motor inhibition was displaced from the sexual organ on to the whole motor system. And we shall have plenty of opportunity in further considering his case to speak of other displacements and injuries of organic functions which owe their origin to the functions acquiring another meaning in addition to their usual one.

You will remember that in the course of his analysis our patient developed yet another symptom which was due to the reactivation of an infantile symptom. I should like to deal with this in somewhat more detail and that for two reasons. First, it is a common infantile neurotic symptom, and secondly, it was the battle-ground of his most important neurotic conflicts, which led to his illness and to the formation of other symptoms.

As you have already heard, the analysis made clear that his masturbatory activity was most intense in the phase of *pavor nocturnus*. At this period the onanistic phantasies had an exceptionally sadistic character. The struggle against these tendencies, which came to expression in the *pavor nocturnus*, ended in apparent victory. The patient ceased to masturbate, the *pavor nocturnus* disappeared and a transformation took place in his personality which gave the decisive stamp to its later development. The aggressive little boy turned into a virtuous and kindly, somewhat subdued individual, "a perfect goody-goody", as he was known to his friends and acquaintances. But that this change did not represent a real overcoming of the tendencies in the sense of a healthy development was proved by the fact that just at this time the *enuresis nocturna* set in. It is

true that something happened at this time which we may consider as an actual cause or "actual conflict". It is hard to say whether the lack of such a traumatic experience would have prevented the neurosis. But I have the impression, and with our patient the impression is particularly strong, that the experience, which we will discuss shortly, had the effect it did because of the patient's inherent predisposition. We will now consider the genesis of the new symptom from two points of view: first, the attitude of the little boy after he had given up his masturbation; secondly, his reaction to the traumatic experience.

Our analytic experience shows us that such violent struggles against masturbation or such severe guilt-reactions as we have here does not always end in the mere renunciation of onanism. Such an excess of guilt is usually followed by a self-punishment, especially when the libidinal tendencies have so sadistic a character. It may have various consequences. The anxiety may simply be released by the guilt-reactions, so that apart from the renunciation of the pleasure-functions which produce the anxiety a personality arises which is ever inclined to inner prohibitions and asceticism, but which is free from anxiety and actually healthy. Or instead of the renunciations we may have self-punishment, which will express itself in the formation of new symptoms. This is what happened in our patient's case. With the renunciation of the sadistic functions of his sexual organ he had taken upon himself the castration threatened in the anxiety-states of the *pavor nocturnus*, and this came to expression in the *enuresis nocturna*. The analysis showed that he behaved at that time in this symptom as if he no longer had a penis. But even in this

self-punishment the little boy's unconscious had not given up the primal force of the human psyche, the pursuit of the pleasure-principle. Together with the self-punishment process, with the renunciation and repression of his sadistic tendencies, a transformation had taken place in the claims of his libido. He was no longer the aggressive little man wanting to commit "sexual murder" on his mother; he now wanted, like the mother, to be loved and have intercourse with the father. Such a transformation is usually the combined result of several causes. Our patient, for instance, remembered in the analysis that his onanistic activity had not been confined to the sexual organ, but had included the whole area of the perineum and the anus. In addition to this, chronic constipation, worms (from which he had suffered for years), frequent irrigations, etc., had so increased the excitability of that region that it ultimately became invested with phantasies which gave it the character of a passive female organ, as frequently happens in the mental life of male patients and in the activities of perverts. The renunciation of his male organ, the "self-castration" as self-punishment, did not betoken the renunciation of the pursuit of pleasure. The male-aggressive tendencies gave way to female-passive ones, with strong cathexis of the anal zone as a new pleasure-organ. At the same time a transformation came over his character, and the naughty boy grew into a "perfect goody-goody". It was at this time that the traumatic experience we are about to speak of took place.

When he was eight years old a little sister was born and our patient showed a particularly strong interest in all her cleansing and washing operations. In this

connection the analysis was able to catch him out in an odd slip of memory. For a long time he obstinately maintained that the enuresis had not by any means appeared for the first time in his later childhood. On the contrary, he felt able to state with the utmost positiveness that he had never, from birth to puberty, given up the habit. By day, it is true, he had succeeded from a sense of shame in restraining himself, but at night he had never been able to do anything against it. But apart from the mother's objective confirmation of the fact, it became abundantly clear in the analysis that the enuresis had originated at the time of his sister's birth and represented an imitation of, and identification with, her. Another mistaken idea confirmed this fact further. Until puberty our patient had imagined that the bladder processes in the female sex were not subject to voluntary innervation. He thought that the urine flowed out of itself as soon as the bladder was full, and that in consequence women had to go to the lavatory much more frequently than men. It is true that he corrected this view later, but it proved to have been a very superficial correction. To be a woman—like his mother or little sister—meant for his unconscious at the time of his infantile enuresis, to have a hole out of which urine flowed spontaneously "like a waterfall". Curiously enough, his interest for waterfalls expressed itself also in his sublimations: as engineer he was particularly interested in his student days in the application of water power.

Whether his sister's birth and the identification with her would have resulted in such female urethral phantasies if the transformation to a passive attitude,

expressed in the "self-castration" and the presence of urethral-anal tendencies, had not already taken place, is very hard to say. I should like to add that another determinant was contained in the symptom of enuresis: a female birth-phantasy, the centre of which was the identification with the mother, and a vague idea of amniotic liquor, which is universally present in human birth-phantasies.[1] Here, too, it is difficult to decide whether the actual pregnancy and confinement of the mother had mobilized a release of his female phantasies in this direction. In any case the feminine relation to the father remained from now on an important element in our patient's mental life, and as you will see from what I have to say later on, a whole series of his hysterical symptoms originated in the same source.

I would remark in general that *enuresis nocturna* always appears to originate in the way it did with our patient. I have found this myself in several cases, and other analysts have confirmed me in this view.

To return to our patient. You will remember that in addition to other interferences with his potency he suffered from *ejaculatio praecox*. Abraham has pointed out that with patients suffering from *ejaculatio praecox* there is usually a close connection between ejaculation and urination. He found that these patients had experienced strong sensations of pleasure in childhood from the emptying of the bladder, that they had been difficult to train to cleanliness, and that they had suffered from bed-wetting. He refers to the

[1] In the enuresis of female patients exactly the same unconscious ideas are present as in the case of the man. The penis is looked upon as a sort of tap, and bed-wetting is one of the reactions to the discovery of the anatomical difference between the sexes. Here, too, birth-phantasies play of course a large part.

pleasure gained from the passive act of allowing the urine to flow and the fact that the libido of these patients entirely lacked masculine activity. He was also struck by the fact that these patients "frequently display a particular erotogenicity of the perineum and the back part of the scrotum. This area corresponds ontogenetically to the *introitus vaginae* and its neighbourhood."

Thus Abraham too establishes a connection between *ejaculatio praecox* and urination on the one hand, and the feminine-passive attitude on the other. The derivation of *enuresis nocturna* from the passive-feminine components of instinctual life does not, however, appear to have been clear to him. I shall be able to give you still further confirmations of my views on this point from our investigation of the same patient.

You remember that our patient reacted to the first successful coitus after the recovery of his potency by reverting to his infantile symptom of bed-wetting. The analysis showed that the apparently successful coitus had left unsatisfied something in his phantasy-life, and that something was the feminine component, which at that period he was not yet able to exclude from his sexual life. And this component he gratified subsequently in the symptom.

I do not intend to enter here into a more detailed consideration of *ejaculatio praecox*. It is much more complicated than you would gather from what I have said about it so far. It may accompany any neurosis, and only analysis can decide whether its character in any given case is more obsessional or hysterical.

The patient in question had reached the genital

stage of libido development and then afterwards renounced it, regressively, in part. His neurotic conversion symptoms have a completely hysterical character, and we shall now proceed to analyse them in detail.

LECTURE IV

HYSTERICAL CONVERSION SYMPTOMS

Paralysis, Speech Defects, Gluttony

You will remember that I directed your attention in the last lecture to two symptoms which arose during the patient's treatment or which were provoked by it and which formed a bridge to the manifestations of his infantile neurosis.

I tried to show you in what sources of anxiety his infantile *pavor nocturnus* originated; and hope I succeeded in making clear from this case that the so-called "anxiety-paralysis", *i.e.* the impossibility of fleeing from the apparently external danger, was due to the same mechanisms which condition the motor inhibitions of hysterical conversion. It is a question here of the transformation of a purely psychical process into a physical mode of expression.

It was the transference of the forbidden sexual phantasy on to the act of masturbation which stirred the internal prohibition. The suppression of the sexual act led by displacement to the inhibition of the rest of the motor apparatus. We often find such manifestations of repressed onanism in analysis, sometimes as disturbances in the motor, and some-

times in the vaso-motor, sphere. I have often seen cases in which the patient's hand would swell up and become red whenever his associations led him to memories of repressed masturbation. Such a symptom represented a kind of shame-reaction like, say, blushing, and contained also a self-betrayal, a self-reproach in face of the analyst.

I recollect a case of paralysis of the right arm, in which the immediate cause was clearly the non-abreaction of an affect. The patient was a student in a technical school, and during a dispute with his mathematics teacher the chalk suddenly dropped out of his hand and he was unable to write any more. The paralysis of the arm continued for many months, and the making conscious of the fact that the cause of the conversion was his rage against the equally feared and hated teacher did not lead to therapeutic success. Under hypnosis the patient abreacted with the strongest emotional outbursts the fury which he had really experienced but suppressed at the time. The short analysis which accompanied the hypnotic treatment revealed, too, the infantile experiences which had predisposed him to this mode of reaction. But neither this nor his understanding of the peculiar part played by his teacher as transference-object for the parental authority was able to effect more than a temporary improvement. It was only when the pertinacity of the symptom and its inaccessibility to all therapeutic measures made a real psycho-analytic treatment essential that it was possible to show that the scene with the teacher had become connected by devious routes with onanism-prohibitions on the father's part, against which the patient had reacted with violent aggression accompanied in its turn by

severe guilt. The analysis was then able to unmask the paralysis of the arm, which had followed from the opposition to the teacher, as the expression of a sort of "self-castration" of the rebellious organ.

A certain similarity between the genesis of this symptom and that of our other patient's enuresis may serve to redirect our attention to a further consideration of his case. You remember that he acquired this symptom after he had given up his actively onanistic desires. The aim of the new symptom, which had arisen out of anxiety, was to protect him from the direct anxiety-experience. But though it represented the renunciation of one form of pleasure-gratification, it served at the same time the satisfaction of other pleasure-tendencies. This transformation was of such a nature that active genital tendencies were given up under the pressure of the guilt, and—as a result of the castration accepted in his phantasy life—feminine urethral and anal tendencies were intensified and came to expression in the symptom of enuresis.

The patient retained the habit of nocturnal bed-wetting till puberty, *i.e.* till the time when he began to masturbate again after a long interval, and also at a relatively precocious age to indulge in sexual intercourse without any manifestations of inhibition. Till his eighteenth year he remained completely potent, with a tendency, however, to depressions and the formation of conversion symptoms.

Thus about his eighth year and for several years afterwards he suffered from a defect of speech of the nature of aphonia; later on from a kind of intermittent limping, then from persistent constipation, heartburn, dryness in the mouth, and vomiting. He

was in fact a chronic case, went from one specialist to the other, visited spas and health resorts, and either got better for short periods or else exchanged one symptom for the other. None of the medical examinations succeeded in finding any sort of organic change in the patient. All his symptoms could be described simply as "psychogenic".

Such a state of things left no doubt of the fact that it was a question of conversion symptoms, *i.e.* that a psychical process had been transferred on to physical sensations. Such a transference, or conversion, can of course affect a healthy as well as an organically morbid part of the body. One can indeed speak of a "compliance of the organ" as the cause or occasion of the psychical process being established in the physical sphere, when certain changes in the organ, which are not in themselves morbid, give harbourage to a psychical process in search, so to speak, of a home.

But our patient's case gave no cause to assume such a "compliance" in his symptom-formations. When the psychical difficulties were removed the physical symptoms disappeared without leaving any trace of this compliance in the organic functions. Some of these symptoms disappeared, in fact, without it being quite clear why they had availed themselves of the organ in question.

One often reads in case-histories of a conversion-symptom disappearing immediately after its psychical determinants have been cleared up in the analysis. My experience leads me to conclude that this immediate disappearance of a symptom is the result of auto-suggestion, as though the patient said to himself: "Now I know what the symptom means, so

it must of course disappear". The conversion-symptom certainly has its specific determinants, but they are so intimately and inextricably bound up with the neurotic conflicts in their entirety that the symptom can only be really finally cleared up when all the mental conflicts have been unravelled as a result of the completed analytic treatment. As regards the treatment of conversion-symptoms we can lay it down as an axiom that the *symptom* is easy to get rid of, but the *neurosis* difficult.

All our patient's conversion-symptoms, the most varied organ-cathexes, could be traced back to a common source. We may say, in fact, that his *pavor nocturnus* and *enuresis nocturna*, his earliest infantile symptoms, formed the first links in the continuous chain of his conversion symptoms. And the fact that specific organs were made to represent a specific content was, as you will see, variously but always purely psychically determined.

Let us go over once more the course taken by our patient's neurosis, paying a certain regard to the chronological sequence.

His earliest infantile anxiety comes from a specific source and has only one aim, the fulfilment of which relieves him of this anxiety. It is, that is to say, the expression of a longing for the mother, and at first the effort to attain this aim meets with no particular obstacle. Uninhibited the little boy makes for his mother's bed and there, completely free from anxiety, he quietly goes to sleep by her side. In this phase he does not yet seem to have entered into the fateful rivalry relationship with the father. The frequent aim of infantile anxiety, to interfere with the mysterious relationship of the parents to each other

by one's presence in the bedroom, seems still to have been in the background at this period.

It is only when the longing for the mother has become involved in the struggles of the Oedipus complex and the vague instinctual demands are no longer satisfied by her mere proximity that the psychical process becomes more complicated and the settling of these unconscious instinctual claims more difficult.

During the time in which the *pavor nocturnus* appears the wish for the mother has already acquired a distinctly genital character. The urge towards masturbatory discharge and its suppression were clearly recollected in the analysis and had, as the dream I reported to you showed, been reactivated in the transference.

The original course of the development of the anxiety has thus become more complicated. For the old longing-anxiety and the temptation to gain freedom from it through the fulfilment of the libidinal wishes has been recognized as incompatible with reality and already rejected by the ego. And this has given rise to the conflict which comes to expression for the first time in the attacks of *pavor nocturnus*—a conflict whose development we can easily follow in the subsequent symptom-formations.

Let us observe this process somewhat more closely. Instead of the former motor action, in which he sprang from his bed and ran to seek refuge with his mother, we find this activity has been stifled and succeeded by onanistic phantasies. The renunciation of the actual relationship with the mother was the result of the intensified instinctual claims, an intensification which clearly had the effect of mobil-

izing the repudiating and repressing forces of the ego. But this renunciation of the mother is only an apparent one, for what he had formerly been allowed to gratify has now been introverted, *i.e.* it has been transferred to his inner life, to his unconscious phantasy activity. The character of this we have already learnt: these phantasies were the expression of his sadistic tendencies, and the transference-dream we investigated led us back to the infantile situation which marked the starting-point of his neurosis. In this situation we saw the little boy struggling against his masturbatory activity. Now the suppression of masturbation as a result of a prohibition either from the outer world or from one's own will is a conscious act which can on occasion succeed quite easily. The difficulty occurs when those instincts which have been rejected by the conscious personality and deprived of the outlet of masturbation lead to inner tensions. These latter clamour with elemental force for some means of discharge and find this in the neurotic symptoms. In the dream mentioned above and in the conflicts our patient had to fight through in his nocturnal attacks we were able to observe clearly enough the tensions resulting from the suppression of the masturbatory phantasies and the process of neurosis-formation.

The primary, very intensive fixation on the mother now acquires in a particular phase of development an aggressive genital-sexual character. He had the opportunity to overhear his elder brother having intercourse with the governess, which experience had the effect of stimulating his own instinctual claims still more. In his phantasies he transferred the situation he had overheard to the scene of his own long-

ings, his mother's bedroom. But the longing for the mother as well as his masturbatory activity were subject to a prohibition. And the dream allows us to see in the clearest possible form the author of the prohibition and the content of the threat of punishment. That stern power "behind the wall", whose rôle the little boy assumes in his own aggressive phantasies, reveals itself in the analysis as the representative (via the elder brother, etc.) of the original paternal authority from whom the threat of punishment for the forbidden wishes proceeds. The father himself is the wall standing between him and the mother, which threatens to fall on him and crush him to death. In the "crumbling wall" we saw a clear symbol of the castration threat, which opposes his instinctual tendencies and forces him to suppress his masturbatory wish.

The inhibition of the masturbation might be considered as a successful act of repression if it included the phantasies and the instinctual claims as well, especially at a time when the child's ego is not yet capable of overcoming it in any other way but by repression. But in our patient's case we were able to watch the failure of the repression, a failure which expressed itself in his nocturnal attacks. In these attacks, along with the motor innervation which serves the repudiated instinct, other innervations too, unconnected with the instincts, are subject to the inhibiting process. They are involved in this, and successful repression, *i.e.* freedom from anxiety, is no longer possible. We shall be able to follow this unsuccessful repression in the patient's subsequent neurotic symptoms, and we shall see that he has set up in his own psyche a representative, so to speak, of

that paternal authority which threatened his unconscious infantile wishes. Moreover, at a time when his adult personality has won free of the external dependence on the father, this representative continues with the greatest tyranny to threaten him anachronistically with the same menace as it had done at a time when the immaturity of his ego and hence the inability to control his instincts might seem to have justified the prohibitions.

You will be able to observe over and over again with this patient that all his symptoms had the one aim of ridding him of his anxiety. But conditions were attached to this freedom from anxiety which he was only able to fulfil in his symptoms and inhibitions. The question inevitably arises: what was the anxiety which the patient sought to protect himself from in his symptoms? From the anxiety proceeding from an instinctual danger or from the anxiety in face of the forbidding and threatening powers? You will soon see that the answer to this question is not difficult. On one occasion the ego shrinks from some instinctual force and seeks for measures to protect it from this anxiety. On another occasion it develops fear of punishment under the pressure of guilt and submits to inhibitions and renunciations in order to escape this punishment. And finally it forms symptoms which are themselves of a punishing nature. But in reality it is impossible to differentiate too sharply between these various states.

When the ego becomes aware of the instinctual danger it reacts to this awareness with anxiety. And this anxiety is a signal for the formation of countercurrents whose business is to inhibit the unconscious

instinctual tendencies and thus free the ego from anxiety. The inhibiting influences proceed from the super-ego and remain as unconscious as the instinctual tendencies themselves. We shall encounter them in various forms: as conscience-anxiety (super-ego-anxiety)—in which case they inhibit the instinct, but do not get rid of the anxiety—as neurotic guilt-reactions; and, above all, as symptoms, which have the character of anti-cathexes, *i.e.* measures designed to protect the ego from the unconscious instinctual dangers.

Now let us return to our patient's *pavor nocturnus*. The instincts of which we have spoken already, have been repudiated by the forbidding powers. In his infantile attacks these powers are still partly in the outer world, *i.e.* the onanism prohibition and the castration threat connected with it are still part of his educational environment. But they are already partially internalized, in that the threat of punishment has become a function of his own sense of guilt. It appears that we tend altogether to overestimate the significance of the actual threat from the outer world in the genesis of castration-anxiety. In some cases it is difficult to avoid the impression that those forces of the outer world which were formerly concerned in the formation of moral agencies are simply projections of the already internalized castration-anxiety which arose under the pressure of the sense of guilt. Our patient, for instance, never met with the slightest gesture from his father which could be interpreted as a castration threat. On the contrary, his father's kind and gentle disposition only made his own intensely sadistic aggressive impulses the more guilty; as a result of which his own severe super-ego

punished him with anxiety and transferred the punishing function to the father in his dreams and masochistic phantasies.

You will remember our view of the motor inhibition in the *pavor nocturnus*. The first object of repudiation was the masturbatory phantasies, or their motor discharge. This was followed by the inhibition of the entire motor system. But at this point the process, from the point of view of release from anxiety, may be regarded as having proved a failure, for the inhibition is accompanied by an intense development of anxiety. It is as though the first stage of the process, the inhibition, represented an unsuccessful attempt at escape, in which the fear of punishment is carried over into the act of inhibition itself. The scene of danger is then transferred from the inner to the outer world. The motor inhibition produces in turn the distressing sensation of being unable to flee from an actual danger (the collapsing wall). At the end of the whole process the instinctual wish is clearly given up and with it the inhibition is overcome. The liberating anxiety-scream re-establishes contact with the obstructing, but no longer punishing, outer world.

From immediate observations of *pavor nocturnus* one cannot avoid the impression that the object of the child's nocturnal screams is to avoid, with the help of the outer world, something which is already subject to an inhibition, *i.e.* the masturbatory impulse, but which can only be ultimately removed through assistance from the powers of the outer world.

But in this case the interference with the faculty of speech as part-phenomenon of the entire motor inhibition was due to other motives too. The cry for

the indulgent mother was no longer permitted at this period and so the interference had a definitely ascetic character. Even in his childhood—and later too—the patient's speech difficulties acquired the significance of an independent symptom.

We have already mentioned that in his eighth year the patient suffered from aphonia and that this complaint occurred spasmodically later on in life too. The analysis revealed that his faculty of speech was always interfered with in those situations in which particular repressed impulses tried to avail themselves of the organs of speech in their effort to break through.

At the time of his little sister's birth our patient's aggressive-sexual instincts had already been extensively repressed. This process of repression had been inaugurated by the *pavor nocturnus*, and by the *enuresis nocturna* stage his former sadistic personality had been completely transmogrified. The outcome of the repression-conflicts was the transformation of his aggressive tendencies into masochistic-passive ones, and, as we have learnt, in the symptom of enuresis itself he renounced his male organ and identified himself with the once desired mother as well as with the aggressively envied sister. This identification with the female objects had very serious consequences for his whole psychic development. For it did not remain partial and confined to isolated symptom-formations, as is frequently the case with hysterical conversion symptoms. As you will see, a whole number of his symptoms did indeed correspond to such partial identifications, but they arose on the basis of a general attitude, which brought with it the diversion of the libido from the masculine rôle.

But despite this transformation process he had not at the time of his sister's birth wholly given up his libidinal attitude to the mother. For even though his actively directed wishes were subject to repression, he had tried to win his mother for himself by another method. The little boy clearly wanted to beat his one-time enemy at his own game. But his earlier attempt to do this with the father, by trying to take his place as the aggressive little man, had suffered a sudden check through the neurotic anxiety attacks. We have seen that he defended himself against the consequences of his guilt-laden period by renouncing the masculine rôle and transforming his sadistic tendencies into masochistic ones. I have already drawn your attention to the fact that this transformation not only took place under the pressure of the sense of guilt, but that earlier phases of development (particularly the urethral and anal) had predisposed him towards it by offering him certain surrogate gratifications. It was as though memories of former pleasure-sensations were awakened by his castration-anxieties and internal threats of punishment, which promised him some compensation and encouraged him to renounce the pleasure which he obtained from the threatened organ.

And now in the new situation created by the birth of his sister he attempted to identify himself with the new rival to his mother's love as he had done before with his father. Even the bed-wetting had been partly determined by this identification, but, as you have seen, this motive alone was not enough to account for the symptom. For the eight-year-old boy would certainly have indignantly repudiated any attempt at such an emasculating identification,

if his masculinity had not already suffered attack from other causes. The identification with his sister in the bed-wetting was only a sort of consolation prize for the masculinity which had already been masochisically surrendered owing to the sense of guilt.

A similar fate overtook his "masculine" voice. The first inhibition of speech, as we can clearly see, related to his active cry for the mother. But now the new-born child seemed to show him another way of gaining possession of the mother. For he noticed the fact that her inarticulate cries always succeeded in calling forth the mother's tender care. And not only was his jealousy aroused by this spectacle of maternal tenderness; he also felt himself violently interfered with in his night's rest and all the habits pertaining to an only child. And so he attempted to adopt the same measures as the little sister, and in the transition phase between being a wild, aggressive scamp and a good little boy he did in fact become a perpetual nagging nuisance who was continually trying to monopolize the attention of those around him. It was only when he discovered that this method did not work that he relapsed into silence—in the most literal sense of the word, for when he got up one morning he found himself unable to utter a sound. This inhibition followed directly on his failure to compete with his sister on the same lines. Just as in the rivalry with the father he had ended by renouncing the male organ and had expressed this renunciation in a symptom (enuresis), so now he gave up the crying and replaced it by a symptom which represented a sort of "negative" to his former attitude (as with enuresis and active masturbation).

We can pursue this analogy in the formation of the symptoms still further analytically. The motive which led to the psychical self-castration was the intense sense of guilt, the strength of which was in proportion to the aggressiveness of his original tendencies. The same forces were active in this case. The rivalry with his sister was accompanied by an aggressive rage against her, which he attempted to defend himself from by identification. When this attempt failed he increased this rage, and his aggression against the little squaller took the form of wishing the little devil would shut up for ever. In the language of dreams such a state of "being dumb" often serves to represent "being dead". Finally the masochistic turning against himself brought with it the loss of his own speech, exactly like the loss of the male organ in the symptom of bed-wetting.

We have seen that the renunciation of the male function of the genital organ opened up new possibilities of gratification, and that through the reactivation of former erotogenic pleasure-zones. The speech inhibition, too, brought the patient new compensations, and not only in what we call the "epinosic gain", *i.e.* that he was now paid more attention. For here, too, the speech organs, and especially the mouth, had acquired an erotogenic significance, and the doctors and parents contributed to this source of unconscious gratification by their treatment of the organ in question. Moreover, the identification with the sister had assisted in reactivating his oral erotism. For in the nutritive process the little girl had attained that intimate union with the mother which was now denied to him. But the success and intensity of this identification in the cathexis

of the oral zone was only possible because the patient had already repressed the male-genital tendencies, and in the subsequent transformation of his libido had recathected all those zones which had corresponded to his passive-feminine wishes.

Thus the "compliance of the organ" in symptom-formation of which we have spoken really means the cathexis of organs which are predisposed to this by the nature of their past development.

The surrender of a higher stage of libido development is always accompanied by regressive cathexes of former pleasure organs—either those in which the pleasure function has displayed in the past a particular intensity or those which appear specially suited to the newly arisen but anachronistic aims. In our patient's case the anal, urethral, and oral organs proved the best adapted to his passive-feminine tendencies. The identification with the little sister had of course played its part in this result too. Thus the inhibition of speech was variously determined: it represented on the one hand a reactive expression of the identification with the sister, in which the act of crying was replaced by the inability to speak; but also, and more important, it signified a masochistic deflection of the aggression from the sister on to his own ego. This led to an ascetic renunciation of the function of speech, since the speech organ had to serve unconscious tendencies which had been repudiated by the ego. The harmless ego-syntonic function of the organ was drawn in to the process, much as the repudiation of a single specific motor innervation in the *pavor nocturnus* had brought with it the inhibition of the entire motility, even though this was in some measure guiltless; or again,

as in the case of the technical student mentioned above, where the sublimated and completely ego-syntonic function of writing had to be renounced, because other functions of the arm had been rejected by the ego.

But not all our patient's neurotic troubles had the ascetic character of inhibition, *i.e.* renunciation of the function. Without going further than the oral symptoms, I would remind you of the gluttony which used to alternate later on in our patient's life with loss of appetite, dyspepsia, heartburn, and vomiting. This gluttony recurred in a certain phase of the treatment, which showed that in the chaos of his phantasies it was not only the passive impulses which had invested the oral organs, but that deeply repressed tendencies of a very infantile actively aggressive character had found their way there too. In this period immediately after the analytic hour the patient was compulsively driven by a distressing feeling of hunger to visit a restaurant in my neighbourhood where he would greedily devour several helpings of particularly pungently flavoured food.

This phenomenon appeared at a time when he had begun to protest against his passive rôle in the analysis. The analysis, he felt, made him "soft and effeminate", and such a relationship to a woman was intensely humiliating for him as man. But after eating highly seasoned food he always felt as if his body was being strengthened by fresh masculine forces.

The unconscious impulses which came to expression in this gluttony symptom had a very active and aggressive character. But as a result of the repression of his genital libido his aggressive wishes in relation to me were not even now permitted to take a mas-

culine-genital form. The only form his active protest could assume was this very infantile wish of devouring the desired object. And as reality and the patient's judgment on the one hand and the unconsciousness of the wish on the other hand prevented any direct gratification on the object itself, the patient had to content himself with highly seasoned foods as the only way of satisfying his cannibalistic wishes.

In contrast to the inhibitions described above, in which a function of the ego (*e.g.* speech) had to be renounced owing to its connection with unconscious tendencies, the gluttony has exactly the opposite meaning. Here too a function of the ego (nutrition) is made to serve unconscious libidinal tendencies. But instead of being inhibited it acquires the character of a super-function. It is only the purposelessness and futility of the excessive eating that point to the unconscious aims that underlie it. Similarly neurotic greed, often to be met with in hysterical women, can never be assuaged by nutrition, because this hunger is the expression of other unconscious wishes which are destined to remain unsatisfied. A classic example of the over-determined nature of this pleasure in eating is to be found in pregnant women. The deeper meaning of such neurotic greed has found its expression in literature. In Balzac's novel *Deux Femmes*, in describing a pregnant woman's passion for rotten oranges, he recognizes intuitively the cannibalistic nature of the phantasies directed against the child in her body.

LECTURE V

HYSTERICAL CONVERSION SYMPTOMS

Fits, Trance States

We will now turn our attention to another symptom of the same patient we have been dealing with hitherto, a symptom which recurred from time to time during the long years of his psychical suffering. I have already mentioned this symptom and called it "intermittent limping". In the course of the years it acquired a more chronic character and was diagnosed by the doctors as rheumatism, for lack of a better word. As you may imagine, the symptom defied all the anti-rheumatic cures, and yet it was one of the first to be given up by the patient in the analysis, though I must confess that the genesis of the symptom was never quite cleared up.

With conversion symptoms, especially, it is usually possible to reconstruct the so-called "traumatic" situations which first gave rise to the symptom in question. We shall find that the symptom itself will regularly follow one of two courses. It will either remain intact, *i.e.* the psychical excitation which expressed itself in the symptom remains and sends

out permanent innervations which maintain the symptom (this applies chiefly to symptoms in the sphere of motility, paralyses and contractures); or the symptom (and this is especially true of symptoms of a sensory nature) recurs intermittently and under particular conditions, whose associative connection with pathogenic situations can be traced in the analysis. A typical and common intermittent symptom is, for instance, hysterical vomiting, which will recur on particular occasions as an expression of repulsion and disgust; and then there are a whole series of symptoms which have taken over the rôle of defence mechanisms and only occur in situations of danger.

Thus one of my female patients used to suffer from malodorous outbreaks of sweat when dancing, so making what was for others a completely innocent pastime into an impossibility. For this ascetic and repressed girl the physical proximity of the man, involved in the act of dancing, was obviously by no means innocent, and so she was forced to defend herself against her own phantasies by this unpleasant symptom. In other situations in which she felt in any way endangered she would develop other physical symptoms which all served to keep those around her at a distance.

Our patient's limping—the genesis of which, as I have said, was never completely cleared up—also represented a defence mechanism against certain psychic impulses. When the symptom first appeared, in puberty, the patient was exceptionally ambitious. This ambition, however, came into conflict with other tendencies. You will remember that he had exhibited strong passive-feminine traits in his child-

hood. Now in puberty his libido was already completely homosexual; the object of his affection was always one of his school companions, and usually his closest rival in his ambitious aims. In all those situations in which his rivalry with this companion was to be put to the test, as in examinations for instance, he began to limp, and at the same time an inhibition of speech set in, which the patient himself referred to as a "limping of the tongue". The analysis showed that both symptoms were the result of his passive-masochistic attitude to the loved object. Despite his conscious effort to defeat his rival, the unconscious urge to yield to his companion, which availed itself of the symptoms in question, always got the upper hand. The genesis of this passive-masochistic attitude became clear to us in our consideration of his *enuresis nocturna*.

With the repression of his active-genital impulses his whole libidinal relation to the world became feminine-masochistic, and so a great part of his symptoms was simply an expression of the gratification of, or defence against, these tendencies. The development of his personality as well as the formation of the symptoms took place on the one hand under the pressure of the punishing and forbidding agency (masochistic reactions, ascetic renunciations in the symptoms, etc.), but at the same time they served as a means of gratifying the libidinal impulses. It is of course difficult to draw the line between these instinctual gratifications and the masochistic reactions of the sense of guilt, for in the wish-fulfilments both work in the same direction.

We have seen that part of our patient's symptoms

were rooted in the identification with the sister and mother. When he was twenty-two years old his mother died of cancer in the stomach, and after this event the tendency to identify himself with her underwent an extraordinary intensification as expressed in the form his symptoms took.

The numerous gastric symptoms he produced had originally nothing to do with his mother's illness, although they too represented an identification with her. His pregnancy phantasies, for instance, had exactly the same content and intensity as we are used to find with hysterical women and girls: from obstipation to vomiting, tensions in the pit of the stomach, etc., the whole gamut of pregnancy reactions was to be found in him. Even his ever-recurring desire to be X-rayed proved in the analysis to be directed towards the fulfilment of two infantile phantasies: the injection of the probe represented the phantasy of oral impregnation; while the X-ray photograph was to satisfy his infantile curiosity as to what happened in the stomach.

After the mother's death the identification with her took on an uncanny character. Originally the symptoms proceeding from this identification merely had the significance of a female relationship to the father. This was the case with the enuresis and pregnancy symptoms, etc. They acted as interpreters to his unconscious libidinal wishes and contributed in large measure to their gratification.

The mother's death increased his unconscious sense of guilt towards her. In a case like our patient's, where an inversion of the Oedipus complex has taken place, the sense of guilt towards the parents tends to acquire another direction and character

too. This inversion first found expression in a masochistic attitude to the father and had as its goal the satisfaction and appeasement of the little boy's sense of guilt in relation to him. But the desire to play the mother's part in the relation of the parents to each other inevitably brought with it the desire to get rid of the once-loved mother. Moreover, this desertion of the mother—even though it happened under the pressure of the love-prohibition—was accompanied by a large measure of self-accusation over his own faithlessness, and so the actual death of the mother inevitably mobilized in him severe pangs of conscience. These led our patient to an identification with the mother in her sufferings: he must die as she had done. This idea had the effect of producing in him the same gastric states as his mother had suffered from. The digestive organ, menaced as it was by the sense of guilt, was continually in the forefront of his attention, and the narcissistic care he expended on it took on the character of a hypochondriacal anxiety.

This increased awareness was a reaction to an anxiety signal which had arisen through the threat from his guilt-laden conscience. But he did not stop at this hypochondriacal anxiety; under the influence of the self-punishment he actually produced in himself those symptoms from which the mother had suffered, from pains to a high degree of emaciation. Whereas the former identification-symptoms were means of unconscious gratification, these latter were clearly the result of punishments proceeding from the super-ego.

I should like to take this opportunity to say a few words about hypochondriacal anxiety in hysterical

patients. I have often been able to observe that the formation of a conversion-symptom is preceded by a hypochondriacal anxiety about the organ in question. It is as though the "eroticization" of an organ at the same time increases its narcissistic, ego-libidinal cathexis and so evokes the hypochondriacal anxiety. When the libidinal-cathexis is displaced from the repressed genital on to some other part of the body, as in hysteria, the castration anxiety would seem to undergo the same displacement and then find expression in the hypochondriacal anxiety. This remark only applies to those forms of hypochondriacal anxiety which have a transitory character and are succeeded by the formation of conversion symptoms. If the symptoms once become manifest, then the hypochondriacal anxiety is, typically enough, given up and the symptom succeeds in releasing the anxiety-tension.

Our patient's last-named symptoms already had the character of self-punishments. It is noteworthy that he was really free from anxiety during the whole period between his infantile neurosis, *i.e.* the severe attacks of *pavor nocturnus*, and the beginning of the anxiety-tension evoked by his hypochondriacal apprehensions. His only complaint was a slight feeling of oppression which followed him like a shadow; moreover, he experienced a sensation as if he was living in a cloud, which somehow prevented him from really enjoying life. This oppression, this "cloud", as he expressed it, was really a vague diffused anxiety, which had to be intensified by the analysis before its motives could be made conscious. All his symptoms were aimed at freeing him from anxiety and did in fact succeed in doing so, apart

from this vague uncanny feeling. The task of the analysis consisted in temporarily undoing this achievement on the part of the symptoms by making conscious the repressed impulses and reactivating infantile attitudes in the transference. My proposal that he should stop hiding his hands under the pillow was meant as just such an attack on his freedom from anxiety. You will remember my description of the severe outbreak of anxiety, which had hitherto been so successfully controlled, and how this occasion enabled us to see its source and deal with it in the analysis.

A large part of his symptoms pursued the same goal as the hiding of the hands under the pillow: namely the attainment of freedom from anxiety. But whereas the hiding of the hands amounted to a simple renunciation, the symptoms aimed simultaneously at gratification and release from the sense of guilt, *i.e.* from the punishment-anxiety. This, however, could only be attained through a complicated process of repression, displacement, re-cathexis, etc. The libidinal-cathexis of the genital was displaced from the threatened organ on to other parts of the body, those, namely, in which a predisposition (in the psychical sense) was present. This re-cathexis was accompanied by an inhibition of the organ's normal function. You have there the relatively simple process by which inhibition takes the place of anxiety. In this process of displacement the organ which originally has the cathexis, the genital itself, may react in various ways. There are cases, for instance, in which the entire castration-anxiety as well as the inhibitions resulting from, and the measures to overcome, it are transferred to other organs,

whilst the sexual organ itself enjoys an undiminished potency.

In other cases, again, the inhibition directly affects the sexual organ, and the neurotic conflicts which result from the repression of genital wishes assume the simple form of a renunciation of its function. When the neurotic process is confined to this renunciation, it is usually accompanied by diffused disturbances, such as depressions, inferiority feelings, fluctuating anxiety, disinclination to work, etc.

With the formation of conversion-symptoms we are used to speak of a "genitalization of the organs", for in hysteria we know that the libido has first reached the genital stage before being subjected to repression. But as a result of this repression regressive tendencies may come to expression in various ways. Physical organs which had temporarily, and quite normally, served so-called pregenital libidinal gratifications in infancy may reacquire their original cathexis through this regression; but in this case they have usually acquired an excessive cathexis, for constitutional or other reasons, before the genital development (*e.g.* the intensification of the oral cathexis from too long or too short suckling, or of the anal cathexis from too frequent enemas, etc.).

Traumatic experiences in infancy also play a large part in the choice of organs. With our patient, for instance, the sister's birth and his jealousy of, and identification with, her had a very important significance.

A fifteen-year-old girl, whose analytic case-history I will deal with subsequently, is a very good example for the significance of the traumatic, provoking experience. Her neurosis had broken out in puberty

in the form of severe fits and twilight-states. These symptoms had been preceded by a phase in which she suffered from difficulties in feeding, so serious that they threatened to bring about a physical collapse. Her sufferings began with severe tonsillitis, which compelled the patient—so that she should be looked after properly—not only to move into the mother's room, but actually to sleep in the same bed with her. This situation, as well as, probably, the patient's exclusion from actual life and the resultant tendency to introversion and increase of phantasy-activity, had mobilized the so far latent neurosis.

The reactivation of the infantile reactions in this case was, as we shall see, brought about through the similarity between the actual situation and a similar situation in the past which had clearly not been completely surmounted. This reactivation is the easier for us to understand as the patient was at this time in early puberty, and we know from experience that it is quite normal for such reactivations of infantile traits to occur in this period. In her case, as in that of our first patient, the traumatic infantile experience consisted in the birth of a sister, which took place in her sixth year. Hitherto our patient had slept in the same bed with her mother, but now she had to make way for the little intruder. At this time she was seized by a violent jealousy of the intimate oral relationship between the sucking child and the mother, an "oral envy" so to speak. This was made clear from several infantile memories she produced from this period, which all had something to do with taking or giving food. For instance, in the most desperate period of the war—the family lived

in the war area—she had stolen food from her mother's store-room and given it away to complete strangers.

Her first neurotic trouble (in connection with the tonsillitis), the difficulty in taking her food, could be described as a simple inhibition. It was here clearly a question of the repression of the reactivated oral wish. The patient refused nourishment on the simple ground: I cannot eat. It proceeded, however, to become more than a simple inhibition. Apart from the "epinosic advantage" which she gained through the increased tenderness and attention of those around her, she indirectly succeeded in obtaining the gratification which she appeared to renounce in her refusal of nourishment, in that so much care and love were expended on the process of feeding, her mother preparing special dishes for her, etc. Characteristically she refused with the utmost disgust to drink milk directly, but on the other hand the medicines her doctor ordered she insisted on taking with milk. But according to a religious ritual which the family rigidly adhered to, the taking of milk after meals was strictly forbidden. It was—according to the Bible—only allowed to the sick. Thus she was in the triumphant position of being the only member of the family able to enjoy the "milk forbidden by the fathers".

But although this difficulty in nourishment owed its origin to the reactivation of infantile jealousy towards the little sister, other mental conflicts were involved in it too. Above all, an important part, as we shall see later, was played by the motive of revenge against the father, who, like her little sister, was a rival for her mother's love.

Our patient's case had shown us how an inhibited and interrupted action can find satisfaction in other ways. It is as if the unconscious tendencies misled the forbidding powers by the act of renunciation, *i.e.* by the abstention from the direct means of gratification, which they then nevertheless achieve by other and indirect ways. It is, however, typical for the hysterical conversion symptoms that they serve simultaneously the forbidding tendencies and the tendencies seeking gratification. In our former patient's case, for instance, we saw how his aphonia proceeded from a prohibition, a suppression of the aggression, and yet how it fulfilled at the same time his libidinal demands. His gluttony was a direct expression of his oral aggression, but it was only allowed to function under the pretext that it was an intensified gratification of the ego-function of hunger.

When we compare conversion hysteria with other forms of neurosis we shall see that it represents the most successful solution of the neurotic conflict, especially when it is a question of symptoms which have become chronic and which thus make it possible for the patient's ego and actual circumstances of life to be adapted to his altered physical state. Conversion hysteria is able to exploit to the best effect the "epinosic gain" and the "flight into illness". Especially the former of these is benefited by the respect shown to physical suffering in contrast to the distrust and bewilderment which psychical symptoms provoke. Even the patient himself often has a considerable degree of insight into the alterations of his physical state. How frequently do we find obsessional neurotics who regard themselves

merely as "eccentrics", and sufferers from anxiety who spend their whole time trying to rationalize it! But the symptoms of the conversion hysteric are so crass and obvious that he is enabled to withdraw from all those life-tasks which are too much for him.

The great achievement of the conversion symptom is the fact that it leads to freedom from anxiety. In this form of symptom-formation the affect of the mental conflict is completely and successfully repressed or converted. As we have seen, the ideational content explains the choice of organs and the whole nature of the symptom.

With some symptoms it is easy enough to tell which affect has been converted, *e.g.* with vomiting nausea, with blushing shame, with inhibition rage (as in the case of our patient's aphonia); the same is true of symptoms which have taken over the rôle of liberator from anxiety, *i.e.* those which represent a direct conversion of the anxiety-affect.

But as we know that every suppressed affect is capable of being transformed into anxiety—in so far as it represents a danger for the ego—its transference from the psychical on to the physical sphere means in the long run a release from the threatening anxiety-experience. A phenomenon which we can very frequently observe in analysis signifies the reverse of this process, namely, the appearance of anxiety when an attempt is made to give up the conversion.

Perhaps we can make this process clearer from the following comparison: A burglar, who represents the repudiated impulse, has been shut into a locked and bolted room. The danger he signifies for the ego in

the next room—let us take the case of a young girl—is similar to that which the girl would feel in her burglar-anxiety. We know from our analyses how typical this fear of burglars is with young girls. It corresponds to the inner instinctual danger; the burglar is merely a disguise for the man whom she wishes to gratify her unconscious erotic wishes. As long as the door is locked the ego remains free from anxiety. If we substitute the conversion symptom for the room in which the danger signified by the direct wish-fulfilment is locked up, we can understand that when it fails in its task—*i.e.* when the bolt, which equals the part played by the symptom, gives way—the danger for the ego is increased and the ego has to react to this danger with anxiety. But this danger—and that is the most important point in our comparison—threatens from two sides: from the burglar (ravisher) as well as from the side of the powers who forbid the ego the fulfilment of the dangerous wish. If we carry the comparison further and imagine there to be another room occupied by the parents, who keep a strict watch over their daughter's morals and severely condemn the relationship with the burglar (ravisher), then it is easy to see why the failure of the bolt, of the symptom, exposes the ego to danger from two sides, from the wish-impulse (burglar) and from the super-ego authority (parents).

This comparison leads us to the following consideration: Would the girl have been afraid of the fulfilment of her instinctual wishes, of the "burglar", if she had not been aware of the presence of her forbidding parents? We assume that this would not have been the case, and conclude from this that the anxiety in face of the libidinal danger only arises

when some power in the outer or inner world raises a protest against the libidinal wishes. Thus this anxiety relates not so much to the instinctual demand as to the consequences that might follow from its direct gratification. The ego—in our case the young girl—feels afraid of the agency which has assumed the rôle of the parents, renounces in consequence the instinctual gratification, condemns the libidinal wishes, and either locks them up in the unconscious by means of repression, or, where this is not successful, resorts to compromises which find expression in symptoms. If we imagine this fear of the parents transferred to the inner world, we see that this anxiety, which leads either to repression or symptom-formation, relates to the inner representative of the forbidding powers, the super-ego.

You have seen that the symptom-formations not only represent substitute-gratifications, but that they clearly betray the unconscious influence of the super-ego. Mere renunciation of direct gratification is never enough for the super-ego, as it might be with indulgent parents. The super-ego is able to detect the impulse, even when it appears in the disguised form of a substitute-gratification. So in most symptoms we can recognize beside the disguised gratification an equally disguised repudiation or punishment. This was particularly clear in our patient's enuresis. It was certainly due to the punishing effect of the super-ego that the sadistic tendencies were transformed into masochistic ones, thus enabling the libidinal wish-fulfilment to conform to the demands of the super-ego. Alexander even goes so far as to hold that the super-ego must first be bribed, so to speak, by the suffering, before it will allow instinctual gratifica-

tion in the symptom, a point of view which may be true of many cases, but which cannot be accepted as universally valid.

From direct analytic observation it is at any rate possible to lay down that the more sadistic the repressed tendency, the severer is the super-ego, the stronger the sense of guilt and the greater the part played by the punishing tendencies in the formation of the symptoms. In the course of our discussions we shall be able to observe this "aggression against aggression" at its clearest in those forms of neurosis in which the libido has regressed to a stage in which its tendencies are still very sadistic and its relations to the object very ambivalent.

In conversion hysteria the symptoms are able to maintain both libidinal and punishing elements just because the repressed impulse is anchored in the genital stage of development, where the sadistic components are weakest and the ambivalent conflict least pronounced. This does not mean of course that the sense of guilt plays no part in hysteria. But from the cases we have been discussing you have been able to see that the reactions of the sense of guilt remain just as repressed and unconscious as the libidinal claims (in contrast to other forms of neurosis, such as obsessional neurosis for instance).

In connection with the case-history of the fifteen-year-old girl which I referred to when discussing oral disturbances, I should like here to mention that her neurosis did not remain confined to particular conversion symptoms. The phantasy life of this sexually mature girl attained a peculiar intensity at the time of her feverish illness, and the affectivity which had been increased by the introversion was unable

to find any sufficient possibility of discharge, whether direct or indirect.

I ought really to describe to you at this point all the normal processes of puberty, in order to show that our patient's symptoms were merely distortions of these processes, merely displacements of the inner disposition of forces, in the sense of an intensification of the instinctual demands along with a simultaneous increase of inhibitions, which are in any case normally present in puberty. We know that regressive forces play an important part in puberty; *i.e.* the more the way of sublimation and normal substitute-gratifications are closed, the more must the tendency to reactivate the infantile be increased.

I will not here go into the question of the value of early sexual experiences in puberty. It seems to me very questionable; and I have known cases of the severest neurotic conflicts in young people, with whom the actual sexual gratification completely failed to prevent the reactivation of the infantile. On the contrary, their sexual freedom intensified the tendency to repeat the unsettled infantile conflicts, which completely coloured the actual experiences. Perhaps the attainment of sexual maturity must be succeeded by a phase of inner conflict before a psychical assimilation of the actual gratification is possible. One must apparently be equipped in exactly the same way *for* the attainment of the goal as *against* the frustration, as far as the settlement of the infantile difficulties is concerned.

Moreover our little patient's environment was such that any attempt at actual gratification would have evoked so much conscious guilt that it would perhaps have made as great a demand on her psychical

equilibrium as the defence against the instinctual claims itself.

For a long time after her illness the girl, who had formerly taken so lively and active a part in everything, was unable to find any new contact with real life. She reacted to every attempt to enjoy things as before with a depression and excitement which gradually developed into typical hysterical convulsions. What soonest became clear to her in the analysis, and what, as she had to admit, had not been completely hidden from her before, was the fact that she harboured within her a violent rage, which she suppressed, until finally the inability to control it provoked the motor discharge of the seizure.

Her illness gradually assumed the form of one of those major hysterias accompanied by fits which one does not often meet with in analytic practice, and which seem to be growing ever rarer even in clinics and sanatoriums. Symptoms and so-called character neuroses clearly enjoy more favour in the neurotic choice. Nowadays major seizures, trance states, absences, etc., are made to serve philosophies of life, telepathic phenomena and spiritist materializations, and this seems to diminish the patient's desire for treatment or even cure.

What happened during the seizures was always covered by complete amnesia, and so we, the patient and myself, had to rely on the information of those who were in a position to observe them. During the treatment the patient lived in a sanatorium far from her home; thus I was able to form a picture of what went on in the seizures from the reports of the doctor of the institute. My first impression was that the

seizures were reactions to frustrations, however trifling, especially when these frustrations proceeded from a particular doctor in the institute.

For external reasons the analysis had to be broken off after a few months, before we were able to penetrate to the very bottom of the infantile experiences. Nevertheless the making conscious of her puberty conflicts had succeeded in restoring the girl to health, at any rate for the time being.

After the patient had become fully conscious of the fact that the seizures were really expressions of outbreaks of rage, the question inevitably arose: against whom was this rage aimed and what was the cause of it? The patient was very soon ready to admit that the rage was directed against her father. All her accusations against him and all rationalizations of her rage took as their ground his neglect of the family and his brutality to her mother. It was not so easy to get her to see that the "neglect" was identical with "refusal of love", and that the word "brutality" was an expression of the patient's view of parental coitus and the mother's numerous confinements. You remember that the tonsillitis was accompanied by a reactivation of oral longing for the mother, and that the analysis was able to show that in all the reactions which followed the illness the girl had become quite a little child dependent on the mother. The patient was conscious of her hatred of her father and the warmth of her love for her mother; what she did not realize was that this represented a complete inversion of the real emotional relationship. This inversion was really a return to a state of feeling which had formerly actually been present—namely, a primary, excessive love for the

mother and a furious protest against the interfering father. These emotions, however, had undergone a transformation and the final result was a reaction to the normal Oedipus relationship.

Moreover, the suspicion was justified that during the war the little girl had really been witness of violations, which formed an actual kernel for the violation phantasy in her puberty. At any rate the concept of the sexual act as an act of violation was peculiarly noticeable in her wishes and defence mechanisms.

That the convulsions procured her the motor discharge of an attack of rage was not difficult to prove; and that they represented coitus as well as the defence against it, and also a dramatization of the act of birth, became clear in the course of the analysis. The rage-affect and these wish-phantasies were connected with the affective protest: not the mother, but she herself should be violated by the father and give birth to a child. What was behind our patient's seizures was merely the intensification of typical puberty phantasies, their motor discharge and dramatic representation.

This case supplies a ready answer to the question: what are the quantitative or qualitative factors which smooth the way to a motor dramatization of such typical phantasies? Here it was unmistakably an intensely violent aggression against the frustrating environment. In its outward pressure this aggression was bound by other energies, which were able to avail themselves of the same methods in their effort at realization as the rage-affect. The hysterical fit is perhaps the best demonstration of such a combination of destructive tendencies and libidinal

impulses, a symbiosis which hysteria with its genital impulses towards the sexual act and birth seems best able to bring about. Coitus is after all the best reservoir for the man's aggression and the woman's masochism, and the act of birth, a fight between life and death, is an orgy of destruction on behalf of the new life. Anyone who has acquired analytic insight into the mental processes of the woman in her procreative functions will know of these paradoxes of life.

With our patient one could see clearly how the discharge of rage and the instinctual claims coincided in one single act. They were both different expressions of a libidinal wish directed towards the father: the rage as a reaction to the frustration, the sexual discharge as a result of unconscious phantasies, both contained in the neurotic seizures.

The trance states only went to confirm this reconstruction of the hysterical fit. They were merely better organized representations of the same wishes and emotions which were released and satisfied in the fits, only they were reduced to their component parts and formed into ordered actions.

These states lasted for days and even weeks on end and were succeeded by complete amnesia. This amnesia could be removed in part, and for the rest the analysis had to rely on the material supplied by those who had the patient under observation. The states took three different forms:

(1) Scenes of rage with hallucinatory and illusory persons, accompanied by hitting and screaming and rolling on the ground to the point of exhaustion.

(2) Performances of dancing, declaiming, or singing, all before an imaginary public.

(3) Scenes of remorse with bitter reproaches and weeping, where the patient would beg for forgiveness.

It is interesting that—according to her brother's testimony—she produced things in these states which were inaccessible to her in normal life. She would speak, for instance, in a language which she had learnt from her nurse in infancy but had long forgotten. The analysis revealed that she lived through situations in these states which had occurred at that period and that the reactivation of those situations brought with it this revival of the long-forgotten language.

The people who formed the subject of her hallucinations were in reality for the most part strange and indifferent objects to her, but they were connected by association with certain persons against whom, as the analysis showed, these affects were really directed. The analysis revealed the individual scenes as screen-memories, and unmasked the theatrical performances as realizations of phantasies in which the patient had seen herself as the future dancer, actress, or coquette. The audience, numerous as it was, gradually dwindled to one man, in whom we were finally able to recognize the father. These phantasies constituted one of the stumbling-blocks to our patient's education. For one of the goals of the prolonged trance states was to keep her from study and prevent the fulfilment of the conscious wish—which had met with the father's approval—to go to a university after passing her matriculation. This state of things reduced her to despair and constituted the greatest part of her suffering. But behind the word "study" lay concealed the phantasy of

"freedom", of the narcissistic gratifications of a film star, of admirers and lovers, in short of a mode of life in complete contrast to her own family *milieu*. It was an embellishment of the "prostitute phantasy" which ultimately led by devious routes to one single man, the father. The object of the trance states was to prevent the fulfilment of these wishes by keeping her from study, but they brought her instead disguised gratifications, not only of these wishes, but of many others.

In the last type of seizure she was able to recognize the element of self-punishment; for that matter a large part of her waking phantasies contained aggressions both against herself and others. Thus during the analysis, for instance, she reacted to her mother's written leave to go on a mountain expedition with the greatest indignation, reproaching her for being so little concerned about her safety. Instead of enjoying the scenery, she occupied herself during the expedition with phantasies of falling down precipices and lying at the bottom with shattered limbs. What a splendid combination of revenge and self-punishment!

Under the protection of unconsciousness she was enabled to give an otherwise forbidden satisfaction both to her aggressive and libidinal wishes, under the pretext that she herself was not the subject of the experience, for she refused to admit her identity and split herself off from the "other" self through amnesia.

If conversion hysteria works out its conflicts on the patient's body itself and is thus able to make a compromise between the fulfilling and forbidding tendencies in the symptom, and the hysterical seizure

is able to discharge the libidinal and destructive impulses in one single act, then the trance states also serve both the instinctual claims and the demands of conscience under the disguise of screen-actions, and the protection afforded by the clouding of consciousness and the subsequent amnesia.

PART II

PHOBIA

LECTURE VI

ANXIETY-STATES

Diffused Anxiety—A Case of Cat Phobia

THE hysterical neuroses we have just been considering were distinguished by their freedom from anxiety, and I have tried to show you what forces this fettering of the anxiety was due to. In the one case it was the renunciation of the unconscious instinctual claim which guaranteed the freedom from anxiety (inhibited states); another time it was a favourable compromise between the permitting and forbidding tendencies, which came to expression in the conversion-symptom; in yet another case we were able to recognize in the symptoms direct acts of punishment, which anticipated one of their inner motivations through the anxiety, which was itself a punishment (*e.g.* our patient's cancer symptoms after the mother's death).

We will now turn our attention to a case in which the unfettered anxiety controls the clinical picture. The patient I am going to speak about is particularly instructive for two reasons. On the one hand she is overwhelmed by anxiety feelings which are diffused in their nature, attached to no particular ideas, and not amenable to phobic precautionary

measures. But on the other hand, under certain conditions, which are felt as a danger and have to be avoided in order to escape the anxiety, her anxiety feelings are intensified and do acquire a more specific character. This part of her anxiety avails itself of a mechanism which we call phobia and which evolves protective measures for removing the anxiety. We shall learn from our patient's case how this phobic defence measure arose, and especially from what motives the patient, who had been for all practical purposes healthy up to a given moment, suddenly became subject to anxiety-states.

I should like to remind you of the case of the young girl whose hysteria — free from symptoms as it was—we called a "fate-neurosis". You remember that the course of that "healthy patient's" life had acquired a particular character through the compulsive repetition tendency of the unsettled infantile conflicts, which brought with it ever more tragic complications and disappointments. Similarly this patient, whom I am going to speak to you about, was a "fate-neurotic", for her life too was a continuous compulsive repetition of certain situations. She too had failed to see anything morbid or abnormal in the course of her destiny. In fact her conscious attitude to life—unlike that of our former patient—was one of complete acquiescence in her destiny. She felt herself in no way hardly treated or persecuted by hostile forces and had no desire to alter anything about her external life. She came to be analysed on account of certain anxiety-states which had made their appearance in the last few years. She suffered from an almost continuous feeling of oppression; and in addition to this diffused anxiety

she began to be subject to more definite forms of anxiety, *e.g.* dread of heights, ships, and cats. These anxieties were really only intensifications of a continuous anxiety-state, even though the most recent of her symptoms, the dread of cats, had the character of an animal phobia.

Till her marriage in her twentieth year the patient had been entirely free from symptoms. Her marriage was not really unhappy, and it was only the childlessness of the union that gave her cause for depression. After three years of marriage the husband died, and from now on she shared her home with a married girl friend, seeking consolation for her loneliness in her profession (she was a chemist) and in sublimated relationships to women. For the last few years she had lived in a *ménage à trois*, *i.e.* she had a relationship with her friend's husband. The prelude to this relationship was the warm, but in no way consciously sexual relationship with the girl friend. The intimacy of this relationship had led the girl to speak of her married life and the lack of satisfaction it provided for herself and her husband. By this confidence the friend had made our patient a partner, so to speak, of her sexual life, and consciously or unconsciously arranged matters in such a way that a sexual relationship took place between our patient and her husband. But the most important thing about this triangular relationship was that, through mutual confidences and the mediation of a third person, *i.e.* the husband, the two women were enabled to satisfy their unconscious homosexuality. They never indulged in a consciously homosexual relationship, nor, she alleged, was the harmony of this triangular relationship ever disturbed by jealousy.

When I said at the start that the patient's life was an example of a fate-neurosis, I was referring to the fact that our patient's entire psychical life, from earliest childhood to the love-relationships of later years, represented such a triangular constellation as I have described. But it was only in her last experience that this erotic condition of the triangular relationship acquired a real nature. Hitherto these triangular friendships had always been platonic.

In the analysis the patient had a memory of being pulled out of bed by her mother when she was three years old, because she, the mother, was tortured with anxiety about the absent father. She could still picture the mother's anxious face before her, and remembered how they had lain in bed hugging each other and waiting for the father's return. When I pointed out in the analysis that it was somewhat odd that the mother should have wakened her little child to protect herself from her own anxiety, and suggested that the situation had really been reversed—*i.e.* that the little girl had herself waited in longing for the father and had sought the mother's help in her anxiety—the patient was gradually able to see that the basis for her later love-triangle had already been laid in this bedroom scene. Very early on in life she had sought to flee from her excessive love for the father and had found help with the mother, to whom she clung now with an over-compensated affection for the rest of her life. When she was four years old the mother gave birth to a little girl, and on this occasion, as she vaguely remembered, the patient received a present from the father. What it was she could no longer recall; she remembered only that she was discontented with it and therefore very

angry with the father. This memory was almost naïve in its obviousness, for a present, as analysts know, is a very frequent and familiar symbol for a child. She was discontented that the mother, and not she, had got the child from the father. This trauma gave rise to strong aggressive reactions against the mother and the new-born child.

But such mental situations are typical, and burden most girls with the severest sense of guilt for the rest of their lives. Just as the active castration and the death-wish against the rival-father form the centre of the little boy's sense of guilt, so with the little girl the death-wish is directed against the pregnant mother and new-born child. And just as the little boy lives under the pressure of this sense of guilt in a state of castration-anxiety or else expresses this in some form of self-punishment (cp. our first patient's enuresis), so the girl often condemns herself to permanent—psychically conditioned—childlessness or to death-fears during pregnancy and all manner of renunciations in her own motherhood. Sometimes the original wish for a child remains attached to the child of the "other woman", and is satisfied there, *i.e.* she renounces the wish to have a child of her own and expresses the longing for the other woman's child in various forms. Thus she may become a teacher or governess or else affectionate aunt, ever in the centre of some family circle, bringing up a child who prefers her to its own mother. Or she will take under her special protection the child of some friend to whom she stands in particularly tender relationship. Such situations, in which the woman has renounced a child of her own in order to take away the child from another woman, often bring

with them the most intense sense of guilt. And then even the other woman's child must be self-torturingly, masochistically given up.

This first triangular constellation, in which our patient waited in longing for the father and then remained bound in over-compensated love to the mother, was succeeded some years later by a similar situation, in which the triangle consisted of her elder brother, herself, and the little sister. Every tender approach of the brother's to the younger sister met with her violent jealousy and attempted opposition. But that did not prevent her allying herself with the sister—united by the penis envy of the other sex—against the brother. The analysis brought up a mass of memories connected with these common phantasies—castration wishes—of the two girls directed against the brother.

Another triangular situation was easily to be recognized in a beating phantasy which the patient retained for many years. The content of this phantasy was as follows: The brother is beaten by a third person and she looks on in a state of tense excitation. The brother is naked; he has no penis; his buttocks, on the other hand, are particularly prominent. The meaning of this phantasy was that the beaten child was the patient herself, who was punished in this way for the brother's castration. The patient's masochism, so clear in this phantasy, found permanent expression in a self-torturing element in her character. These guilt reactions were the result of the mother-child murder phantasy and the castration-wish against the brother.

The next triangular situation was of the same nature—this time with two fellow school-girls—in

which one was beaten by the other for some naughty action, while the third looked on. This beating had to be repeated over and over again, for it was accompanied by fully conscious genital pleasure-sensations, for which the patient then had to punish herself.

This "triangular formation" proceeded from that compulsive repetition tendency which characterizes the fate-neurosis. In her most recent experience the patient was called into the bedroom by her friend. Thus she was not herself the intruder, but was invited by the other person. This time it was not a trick of memory as in the infantile experience, but the patient's unconscious, which so arranged the situation that she could spare herself the reproach of having been the intruder, although she had herself provoked her friend's invitation. In the present situation she found fulfilment of her infantile wish, to be loved by the man who belonged to another woman. And in this case she was able to elude the super-ego and appease the sense of guilt by, so to speak, purchasing this wish with a simultaneous renunciation; for she leaves the man his rightful wife and suffers every day the painful renunciation in the other's favour, thus being enabled to possess him in common without feeling guilt.

But the most important thing about this remarkable relationship was the satisfaction of the deep-buried unconscious homosexual impulse; the tender form in which it came to expression was indeed responsible for initiating the triangular relationship, for it was only by the path of homosexuality that the approach to the man was made possible.

This combined love-relationship proved to be particularly favourable and releasing for the patient.

A whole series of impulses hostile to the ego could hereby be mastered and satisfied. Thus she was able to assuage the murderous jealousy which filled her mental life, and to express as well as over-compensate the hatred against the rival. She was indeed for several years quite satisfied in this relationship and, as we have said already, practically speaking, healthy, though she was, it is true, always to a certain extent predisposed to anxiety. Nevertheless the major anxiety-hysteria first began in the setting of this last triangular experience.

For her friend's marriage had not been childless. Even before the patient had joined the *ménage* two sons and a daughter had been born. For the patient it was a matter of course, for reasons which I have mentioned, that not she, but her friend should have children. She herself was condemned to childlessness, but loved her friend's children with a self-sacrificing affection. Now while she was having the relationship to the husband the friend again became pregnant and gave birth to a daughter. And this birth reawakened all those reactions in our patient's psyche which she had experienced at the time of her little sister's birth. The other, and not she, had got the "present". Everything which had so far been held in balance by successful repression on the one hand and by reaction-formations and disguised acts of penitence on the other now broke down. The aggressive tendencies, the repressed pregnancy phantasies and the over-compensating homosexual relation to the friend—all hitherto contained and satisfied in the mitigated form of the "fate-neurosis"—received through this new frustation a shock which the patient's ego did not seem to get over.

Soon after the child's birth, but quite unconscious of the connection, the patient began to suffer from fears and anxieties of various kinds. She gladly took charge of the child, but frequently felt afraid that she or someone else might let the child fall. The harmony of the home was not disturbed, but the patient's condition assumed more and more the nature of an anxiety-hysteria. At first she was only occasionally subject to anxiety-feelings, but gradually the intervals in which she remained relatively free from anxiety grew ever shorter. As I mentioned above, this chronic anxiety expressed itself at times in the intensified form of intolerable anxiety-attacks; once on a mountain expedition, on board ship, and finally and especially on seeing cats.

It would take up too much time if we were to go into all the determinants of these particular anxieties. At the centre of her dread of heights and water was a pregnancy phantasy. You remember the development of our patient's attitude to the female procreative functions. She was forced to renounce the child, but the repressed pregnancy phantasy remained a permanent part of her unconscious mental life and determined indeed the course of her life.

Even during her friend's pregnancy the patient began to suffer from feelings of anxiety, which she ascribed to her care and solicitude on her friend's behalf. But then the child's birth mobilized a whole series of once repressed reactions. The sadistic impulse, which had once related to the mother and new-born sister, was now directed against her friend and her friend's child. Her own pregnancy phantasies, which came to expression in oppressions, lack of breath, palpitations, dizziness, as in a real preg-

nancy, had the effect of making the patient herself the object of her sadistic impulses. This inversion is a very common phenomenon and often leads to distressing anxiety-states in pregnant women. I have often been able to observe how young women resist conception or artificially interrupt their pregnancy, because they are tortured by a presentiment that they are going to die in childbirth. The analysis of such fears shows that this anxiety proceeds from the threat that the infantile death-wish against the pregnant mother might now be masochistically realized in their own person, now identified with her. Moreover, experience shows that the little girl's aggressive wishes need not necessarily relate to a real pregnancy in the mother; the suspicion in phantasy is alone enough to give rise to such impulses.

Our patient, however, had experienced the real pregnancy of the mother, and now in her fortieth year this traumatic reaction of her childhood was intensively revived. The anxiety-feelings in her phantasied pregnancy were death-fears lest she should herself suffer that death to which she had once condemned the mother in her unconscious hate impulses.

I shall come to speak later of cases of agoraphobia in which the anxiety proceeded from the turning of a sadistic impulse against the ego. But I should like to mention here that the patient I am talking of showed the same mental mechanism as in these cases. She identified herself in her wishes with the pregnant mother—or friend, as the case may be—and hence her severe super-ego threatened her with that form of punishment which she had directed in her sadistic wishes against the mother. This part of

her anxiety related to the danger with which her super-ego menaced her, and the intensity of the anxiety corresponded to the amount of her sense of guilt. The pregnancy conflict was also particularly increased by the patient's age, which exposed her to the real danger that the neurotic renunciation of the child would become permanent, for biological reasons. In her childhood it had been too "early"; now it threatened to become too "late". Her anxiety feelings at this period became especially acute during menstruation, though she had always, it is true, been particularly irritable and difficult at such times. She was conscious of some vague feeling of reproach against the mother in this connection. She thought her mother had not instructed her sufficiently about the process of menstruation, and this had had serious consequences for her. What exactly these bad consequences consisted in she could never quite explain. It remained for the analysis to convince her that menstruation and birth processes were so closely connected in her unconscious that the old reproach against the mother's pregnancy was revived by it every time.

Another important source of her anxiety was revealed by the form of the transference. In her resistances the patient fought for a long time against the sexual phantasies which related to my person. Soon a large part of her anxiety was concerned with this relationship to me, and as she recognized herself the extent to which I had begun to take the part of her girl friend in her life, she asked me one day reproachfully whether she had come to me "merely to exchange one illness for the other". And in reality since the child's birth her love for her friend had

grown into a sort of illness. The tender care which was expended on the little girl had reawakened in her the same jealous impulses as she had suffered from at the time of her sister's birth; and as then, this happened just at the time when the erotic demands on the mother—or the friend—had reached their highest pitch through the over-compensation of the aggressive hate against the rival. For in our patient's unconscious two enemies stood ranged against each other: the aggressive hatred and the over-compensating love, both repressed and both productive of anxiety. And the more the love tried to win the upper hand, the severer grew the sense of guilt against the increasing hate.

The analysis was able to throw a particularly interesting light on the meaning of our patient's cat phobia. In the sense of the old fairy-tale symbol, in which the cat is always the companion and double of the wicked witch, the animal represented the patient's own wicked feelings against the woman. The witch herself, the counterpart of the good fairy, represents the "wicked mother" for all of us and serves to embody our own wicked attitude in these primordial ambivalence conflicts. And to this she owes her immortality in the fairy tale.

Our patient's phobia had the same meaning as the fairy tales. The anxiety she felt related to the danger with which the "wicked woman" within her threatened her. But this danger from her own emotional attitude consisted not only in the guilt-producing aggression against the woman; it was also conditioned by her former life, in which these aggressions had already played a part. But they had been repressed and transformed into an over-compensating love for

the mother, which had in its turn been transferred to the friend. Now this love, as we learnt from the phantasy-life of our patient, had a masochistic character—the desire to be maltreated by the friend—and betrayed thereby its derivation from the original aggressive tendency. Thus as well as fearing to be punished for her death-wishes directed against the friend, the patient was afraid at the same time of her libidinal relation to her, for the masochistic character of this relationship constituted a serious danger. She attempted to escape these dangers by transferring them on to the symbolized animal. The cat became the representative of both her dangerous ambivalent impulses towards the woman. By avoiding the animal she tried to escape the internal dangers that threatened her. This is indeed usually the goal of the phobic mechanism. But our patient could not reach this goal, for the mechanism only managed to absorb a part of her diffused anxiety; the greater part was not to be disposed of through phobic anti-cathexes. Why this should be so we cannot say with certainty.

It would seem that phobia in general differs from true hysteria in its closer relationship to the obsessional neurosis and that the formation of a well-consolidated phobic system presupposes more of those forces which play their part in the genesis of obsessional symptoms. But we will go into this question more deeply in our further discussion of phobia and obsessional neurosis.

Still less can one answer the question as to why anxiety-hysteria should be unable to guarantee freedom from anxiety by the formation of conversion-symptoms. Perhaps this is partly due to the strength

of the sadistic component of the libido, which provokes in its turn a greater severity on the part of the super-ego, so that the latter will not allow the wish-fulfilling instinctual tendencies to find expression in conversion-symptoms.

This intermediate position of the phobias between obsessional neurosis and hysteria can frequently be observed in those cases which exhibit a combination of phobic anxieties with conversion symptoms and hysterical seizures, and in those in which obsessional symptoms go hand in hand with those of a phobic nature. And among those patients who suffer from phobias there are some who, in their personality as a whole, have a definitely hysterical, and others again who have a more obsessional, character. But we will return to this question later.

LECTURE VII

A CASE OF HEN PHOBIA

I SHOULD like to describe to you a case of phobia in which the phobic anxiety related to an animal which is seldom the subject of animal phobias. Dogs, horses and cats are the most frequent depositories of phobic anxiety. Sometimes the anxiety relates to large, fierce animals which occur in fairy tales and stir the child's fears. Sometimes, too, small creeping beasts or spiders, snakes, etc., produce an uncanny sensation, which may in certain circumstances develop into severe anxiety.

Our patient suffered for years from a hen phobia. This was particularly painful for him, for, born and brought up in the country, he was so handicapped by his phobia in his profession of farmer that he was literally forced to leave his enemy in possession of the field and seek refuge himself in the city to find some other outlet for his anxiety.

When he came to me to be analysed he was already, practically speaking, cured of his phobia. The young man—he was then twenty years old—had come at the instance of his family, who had discovered that he was a manifest homosexual and demanded that he should attempt to get rid of his perversion by analytic treatment. The patient

himself was not at all agreed on the point. He was indeed quite content with his homosexuality and took care to emphasize the aggressive masculine element in his relation to men, although his whole personality bore a pronouncedly soft and feminine character. The objects of his affection were always fashionable young men who belonged, according to his own description, to the same type as himself. This type of object-choice we call narcissistic, *i.e.* one loves in the other person what is like oneself.

This object-choice was indeed somewhat striking, for it was obvious from the first stage of the analysis that the roots of his homosexuality lay in a fixation on a brother ten years older than himself. It was only when the analysis had succeeded in unravelling the intricate threads of his psychic life that the meaning of this paradox grew clear.

In the first five or six years of his life the patient had no recollection of being ill. It was only in the latency period that the first neurotic difficulties made their appearance, and then as a reaction to a traumatic experience. I should like here once more to stress the point that such traumatic experiences may well be the occasion for the outbreak of a neurosis, but they are extremely seldom the ultimate and only cause of the illness. In the analysis they serve as signposts, landmarks, or step-ladders to deeper unconscious sources, to which they owe their operation and sometimes, too, their origin.

Our patient's traumatic experience formed, as it were, the stereotype for his later puberty neurosis as well as for his perversion, and in discussing this extremely interesting and instructive case I shall use this experience as my basis of operations. For this experi-

ence provided the stepping-stone in the analysis not only to the later stages of the patient's development, but also to that period of his childhood which was buried in amnesia. The analysis almost always shows that the pathogenic effect of such experiences—whether they have been subjected to amnesia or not—is solely due to the fact that they have fallen on soil that has been well prepared for them.

My patient's experience had never really been subjected to amnesia, but its deeper significance for the development of his psychic life had remained hidden from him. It needed the analysis to re-establish the connection between the apparently harmless experience and his later neurotic difficulties.

One hot summer day the little seven-year old boy was playing with his grown-up brother in the farmyard of the house where he had been born and brought up. He was playing at something on the ground in a squatting, stooping position, when his big brother suddenly leapt on him from behind, held him fast round the middle, and shouted out, "I'm the cock and you're the hen".

It was clearly a case of a playful sexual attack on the part of the brother. It developed into a tussle between them, for our little friend refused to be a hen at any price. Nevertheless he had to give way to the stronger brother, who went on holding him clasped in the same position, and in a paroxysm of rage and tears he screamed out, "But I won't be a hen!"

From now on the little boy began to be considerably restricted in his freedom of movement. He felt himself compelled to give all hens a wide berth, which was none too easy of accomplishment in the precincts of a farm. At this time it was not yet the

fear of hens as such which drove him to this measure, but the fear of his big brother's sadistic attacks, for every time a hen came into sight he used to tease the little boy by shouting out, "That's you!"

This original avoidance of the brother's taunts gradually developed into an avoidance of hens, with whom he had always hitherto been on singularly good terms. His fear indeed soon grew into a regular hen phobia. Every time he wanted to leave his room someone had to be got to shut the hens into their coops and keep watch for any hens that might come into sight. It was only when all these precautionary measures had been observed that the little boy would timorously venture to leave the house. Even then he would look anxiously in every direction to make quite sure that no frightful fiend in the shape of a hen came into his range of vision. If he did by any chance see a hen he would have a violent attack of anxiety. For some two years he was afflicted by this restriction of his freedom, after which the phobia completely disappeared. The analysis revealed the fact that this release coincided with the departure of the brother, who left home at this time to pursue his studies.

In puberty our patient was particularly difficult to manage, and after an unpleasant incident with his French governess he was sent away to school, where he lived with one of the masters, to whom he was very attached. When he returned home for his holidays after some months, he succumbed once again—after an interval of some six years—to the hen phobia so that he hardly dared to leave his room. The phobia, however, gradually lost its strength; he became again, practically speaking, healthy, only he

lost all interest in the female sex and developed, as you have heard, into a manifest homosexual.

Let us turn somewhat more closely to his infantile history before the traumatic experience. He was much younger than his three brothers and sisters, and definitely his "mother's darling". He clung to his mother's apron-strings and accompanied her in all her doings. It turned out that hens had already played an important part in his phantasies long before the experience with his brother. His mother used to pay particular attention to the hen-house, and the little boy took a lively share in these activities, was delighted at every new-laid egg, and used to be particularly interested in the way his mother felt the hens to see whether they were laying properly. He himself loved to be felt over by the mother, and would often ask her in fun when he was being washed, etc., whether she would feel him with her finger to see if he was going to lay an egg. At first this pleasure in being touched related to the genital, but gradually—perhaps in connection with the feeling of the hens—he displaced these sensations further back. He manipulated with his fingers in the anus, kept back his faeces or else laid beautifully formed faecal eggs in every corner of the room and was highly astonished that his mother did not welcome this love-gift with the same pleasure as in the case of the hens. In these games he played a double rôle: on the one hand he was the mother, touching and manipulating with the finger; on the other hand he was the hen, being felt and laying the egg. This anal game had been largely hidden by amnesia and came to consciousness again only in the course of the analysis.

This was followed by a phase in which the educative influence of his environment seemed to have been crowned with success. The little boy abandoned these dirty habits, became extremely clean and gave the impression of having given up anal pleasures altogether. He began to play more with his genital onanistically, and one might have concluded that he had developed successfully from the anal to the genital phase. The analysis, however, showed that the onanism only signified an attempt to get anal sensations in another way. In his onanistic manipulations he so managed things that instead of pressing with the finger from behind, he pressed the penis against the perineum from in front and thus obtained anal sensations. His phantasies remained centred on the mother, whom he endowed in his imagination with a penis: in this game his own penis was one of the mother's organs, just as his finger in the earlier phantasy had really belonged to her. In this phase his attitude was, it is true, passively anal, but the object-choice was heterosexual. It was the experience with the brother that signified a turning-point in the object-choice. In this experience his passive-anal attitude—which in itself denoted a predisposition towards homosexuality—was already homosexually directed, in that the brother had taken the place of the mother. For the game with the brother had fully activated his passive homosexual predisposition. The analysis showed that even before this experience, when watching the cock leaping the hen he had identified himself with the hen, and the reason for the violence of his protest against his brother's act in the cock-and-hen game was his conscious repudiation of the unconsciously desired pas-

sive rôle. The scene with the brother signified for him the sexual act between the cock and the hen, *i.e.* between his brother and himself, and his scream, "I won't be a hen!" meant really "I repudiate my passive-homosexual wish". The hen phobia, as the analysis showed, was only a further development of this repudiating tendency.

I should like to mention here yet another point from this experience with the brother. The patient related in the analysis, though not as yet connecting it with this experience, that he had a zone round about his waist in which he was so ticklish that even when trying on a suit or when it was approached in any way at all he used to collapse into fits of uncontrollable laughter, and formerly when schoolfellows had tried to tickle him in this part he had often actually fainted from laughter. In the analysis it was possible to relate this over-sensitiveness to the scene with the brother. For in that fateful situation the brother had clasped him from behind round that part of the body which belonged to this ticklish zone. As we have already seen, this embrace had brought with it a fulfilment of the patient's passive libidinal wishes. But this fulfilment awoke simultaneously a violent repudiation of the passive tendencies. The laughter was an expression of the gratification, or the memory of the pleasurable element in that experience, but it was a laughter which had been turned to pain by the revulsion, an already repudiated, somewhat melancholy merriness.

As far as our patient could remember, the experience with the brother had not been accompanied by the tickling sensation, but in the place where he had been embraced our patient retained a physical

recollection which sought expression, every time that it was refreshed by later contacts, in a pleasurable discharge, *i.e.* in laughter, which called forth simultaneously the defence, as in the original cry, "I won't be a hen!"

In the conflict with his brother he had been the vanquished one, and the later fainting fits which accompanied the tickling were a repetition of his own passive surrender after his attempts at defence had failed. We know that in his relation to his mother he had experienced strong pleasure-sensations when being touched by her. This pleasure in being touched in one whose skin-erotism was obviously strongly developed had also extended to the other parts of the body which came specially under the mother's care in the process of cleansing, etc.—under the chin, the armpits, and the heels. In our patient's case this sensitiveness to being touched was probably displaced from these parts of the body on to that zone which played a part in the experience with the brother, corresponding to the fate of his libido, which turned from the mother to the brother.

I have the impression that this form of skin-excitability with the peculiar affect-reactions which were so strongly developed in our patient's case has the same origin in all forms of ticklishness. It is indeed a striking fact that the typically ticklish regions are those which are specially affected by the cleansing processes in infancy. It would seem as though these regions remain subject to pleasurable, and later, repressed, recollections of these infantile experiences of skin-erotism. The ticklishness is then the reactivation of the pleasure and the repudiation simultaneously.

Let us return to our patient. The scene with the brother signified for him a homosexual seduction, an experience for which he had long been fully prepared in his unconscious phantasies. His resistance represented his repudiation of this wish-fulfilment, the repudiation of his own passive homosexuality, which manifested itself in the hen phobia.

In order to investigate this whole process more closely, we will recall the two classic case-histories of animal phobias, the horse phobia of "little Hans" and the wolf phobia from the "History of an Infantile Neurosis" (Freud).

Little Hans had repressed the hostile impulse against the father and had displaced his aggressive tendencies from the father on to a suitable animal-object, from which he then lived in fear of revenge, *i.e.* an aggression against his own little person. With him the anxiety was a warning signal in face of the inner dangers, an anxiety the content of which was, "If you want to kill the rival-father, you will be castrated by him", and the castration-danger was expressed in the threat, "You will be bitten by the horse". It is characteristic that this threatening danger was displaced on to the outer world.

The little Wolf Man likewise projected his inner danger on to the outer world. But with him the danger lay in the passive-homosexual relationship to the father (contained in the unconscious wish to be eaten up by the father). With him, too, the inner danger was displaced on to an animal. Even though the process in the little Wolf Man's case is more complicated, it is, as Freud says, here too a question of castration-anxiety. What little Hans fears as revenge

and punishment, namely castration, is for the Wolf Man a precondition of the gratification he unconsciously desires. For in order to be loved by the father as the mother is, one must sacrifice one's male genital.

And how is it with our patient's hen phobia? He too, like little Hans and the Wolf Man, displaces the inner danger on to the outer world. But the projection mechanism functions differently with him. He splits off that part of his personality which represents his passive homosexual attitude to the brother; the hen, with which he had already identified himself in the past, corresponds to this part of himself, which has been split off and projected outwards. The hen is for him a sort of mirror of his feminine tendency; every time he looks in this mirror, *i.e.* every time he sees a hen, he is afflicted by fear of his own instinctual tendencies, which must lead to the same result as in the case of little Hans and the Wolf Man: namely, castration.

We must remember that his primary anality brought with it a predisposition towards passive homosexuality, and the brother's attack from behind merely mobilized and confirmed this predisposition. The fear of hens characteristically disappeared as soon as the brother had left the home—a proof that the real danger for his passive libidinal wishes lay in his relations with the brother.

During puberty the following incident occurred: his brother entered into a relationship with the French governess. Our patient too solicited her favours, but was rejected as too young. Far from accepting this rebuff, he fell upon the governess from behind in a fit of fury and tried to violate her in this

position. After a tremendous family scene it was decided to send the boy away from home.

These experiences in puberty point to an earlier rivalry relationship to the brother. Probably the mother played a part in this rivalry; and the analysis revealed points which suggested that he had connected his observations of cocks and hens in his phantasy life with his mother and father. One also got the impression that the little man had not been able to tolerate the rebuff on the part of the mother, and for this reason had carried through the process of inversion into the feminine. Probably the speed and ease with which this process was effected was due to his strongly anal predisposition thereto. But this normal Oedipus attitude remained only an assumption based on certain facts that pointed that way; the analysis was not able to supply any positive evidence in this direction. In the analysis the mother relationship appeared only in the following very unmasculine form: on the one hand, he identified himself with her, on the other he wished to be gratified by her in an anal way. From this point he developed straight into the brother relationship, without the father playing any more immediate part in the analysis.

The experience with the governess was decisive for his further development. The frustration he had met with on the part of the woman intensified his homosexual tendencies. He returned to school, apparently sublimated and without neurotic difficulties, but his whole behaviour clearly betrayed passive tendencies.

On a visit home in his seventeenth year he again fell a victim to his hen phobia, whereupon he sought

refuge again in the town. On the day of his return he made the acquaintance of a nice-looking young man, to whom he behaved in a markedly aggressive fashion, telling him (also homosexual) of homosexual experiences which he had never had, and finally actively seducing him. From this moment on he had a whole series of analogous homosexual experiences, in which he always played the part of active seducer.

The explanation of this sudden change in his attitude was that he had formerly timorously repressed all homosexual impulses out of fear of his own passivity, and had preferred to set up phobic mechanisms rather than suffer the break-through of these impulses. But the fettered homosexual libido was able to come to expression under one condition, and this condition was that he must take the active part in his homosexuality and not the passive one. By doing this he attained two goals: firstly, he was able to maintain his activity, had no need to give up his manliness or to renounce his male genital. And secondly, by choosing a narcissistic object, *i.e.* by forming love-relationships with young people like himself, he was at the same time able to enjoy the experience passively, in that he identified himself with the others.

But what finally released his homosexuality was the fact that he had discovered on his last visit home that his brother was a manifest homosexual. The realization of this fact occasioned indeed the revival of his phobia. Simultaneously however, immediately after his return to town and under the influence of this realization, he relinquished the fear of his own homosexuality and—identifying himself with his

brother—became actively homosexual, and so was able to say to himself, "I need no longer be afraid of my brother's attack, for I am myself the attacker".

The therapeutic prospects for such an analysis, in which the patient has accepted his perversion in a full sense of his mental health and has only come to be treated at his family's request, are extraordinarily unfavourable, but surprisingly enough *this* analysis ended with the patient's becoming heterosexual, and if the information I hear from time to time about him is correct and the external conditions of his existence can be accepted as indicative, his heterosexuality has been permanent.

The solution of the therapeutic task was so interesting in this case that I cannot refrain from describing it to you shortly.

The patient came to be analysed in a state of intense self-satisfaction. He was the type of narcissistically feminine young man with small capacity for love, for whom a relationship with a similar object was the only possible form of love-relationship. At the beginning of the analysis he professed to be "violently" in love with a young actor. This actor, a typically narcissistic object-choice, was the embodiment of all those qualities which the patient would have liked to find in himself. He himself wanted to be an actor; his friend *was* one. His friend was tender like a woman and noble like a man, ready for every sacrifice, and yet in full possession of his personality, etc. At the same time the patient bestowed as much admiration on his own person, and was as vain and self-satisfied as if he had actually possessed all these qualities he professed to find in his friend.

In the analysis his narcissistic self-glorification was

a little shattered. Whereupon he ran away from the analysis, but soon began writing despairing letters begging me to take him on again, for he was at his wit's end to know what to do. He celebrated his return with the following dream:

He turns out the light by his bed to go to sleep. At the same moment he feels a pressure at his neck, a choking in his throat; a heavy form embraces his body, tries to crush his chest; he defends himself, they close their teeth on each other in the struggle, fall on to the floor and continue there the process of pulling, hitting, scratching, throttling, etc. He succeeds in reaching the electric light switch, and turns it on just in time to see a dark-clothed female figure flit by, and realizes that this was his opponent. He feels his strength deserting him and knows that he is going to die. He recognizes in his opponent a young male acquantance of his. He says: "I have committed suicide", and thinks to himself, "I don't deserve any better". At the same time he knows that the other has murdered him, and yet he declares that he has committed suicide. Finally he thinks to himself, "How noble of me to take the blame on myself!" and wakes up.

In its analytic interpretation the whole tussle in the dream reminds one of E. T. W. Hoffman's *Elixiere des Teufels*, where the two sides of the ego, Medardus and Viktorin, struggle wildly with each other. The patient saw the analogy, and correctly diagnozed the female figure in the dream as myself, the cause of his conflicts in the analysis. To the "young man" he associated a meeting with an acquaintance the day before, whom he knew to be a sadistic-aggressive homosexual who tortured and ex-

ploited his victims. The patient despised him wholeheartedly and avoided his company. In the course of conversation the "young man" had told him that things were not going well with him; he suffered from depressions and anxieties. At this two thoughts crossed the patient's mind: first, "You don't deserve any better", secondly, "Like me".

These associations showed clearly his own identification with the young man. Whereas he had so far put himself on a level with his love-partners, who corresponded to his conscious ego-ideal, and had felt himself to be like them in his narcissistic self-admiration, the dream revealed his deeper, repressed identification—coming to the surface under the influence of the analysis—with the evil, sadistic, aggressive elements. In the dream he discharges his whole furious aggression against his attacker, against the sadistic partner, who is at the same time his double, his repressed and over-compensated ego.

The apparently clear and transparent picture of his passive attitude here becomes somewhat confused. His phobia, as we understood it, proves to be the final product of a very complicated process. His feminine attitude, it is true, was very early and dispositionally determined (anal relationship to the mother, etc.), but the final result was reached by way of a furious hatred of his opponent, the powerful father or brother (the woman in the case of the dream). In this struggle he had to admit himself the weaker (cock and hen conflict) and the original hater was transformed into the powerless lover.

The dream, however, showed clearly that this conflict between himself and the "other" continued to be acted out within him. The "other" in him, who

mishandles and finally murders him, is the sadistic part of his personality, which at the same time sits in judgment over him, condemning him, on the ground that he "doesn't deserve any better", to suicide.

We see here the despotic tyranny of this inner criticism and may rightly assume that it ultimately represents the execution of justice against the ego on the part of the aggression. The resulting masochistic attitude, however, became a danger for the ego, for, like the original feminine-libidinal wish, it brought with it the threat of the loss of masculinity. The defence against this danger we have already recognized in the phobia; but we now see that the flight into the phobia also related to the punishment, which again involved the danger of castration. In fact, the punishment and the fulfilment of the feminine-libidinal wishes both have the same fateful consequences and have therefore to be repudiated by the ego, as happened in the phobic mechanism.

In the course of time our patient solved his inner conflict through a series of apparently successful compromises, and compensated his psychical emasculation by a self-glorifying narcissism. But the analysis reactivates the conflict in its deepest and ultimate sources. His inner peace is disturbed, the narcissistic protective wall collapses, and so the therapeutic process has its chance.

Let us recall the patient who suffered from a cat phobia. In her case a hostile impulse, intensified to a death-wish, against her girl friend was repressed and displaced on to a suitable animal-object. Every encounter with a cat mobilized the old hatred in the patient, and at the same time the reaction to this

hatred; a threat, namely, on the part of the super-ego and thereby a danger for the ego, represented by the cat, which now assumed the rôle of the punishing mother. But we saw too that the projection-object, the cat, was at the same time the representative of the homosexual, positive-libidinal impulse, and that the whole process clearly signified a compromise between this impulse and the punishing agency. This compromise would seem to be a favourable one for the ego, for it possesses in the phobic symptom a warning signal to protect it against anxiety. It is as if a severe preceptor were to threaten a child with punishment in order to rouse anxiety, but were to promise him at the same time not to punish him, provided he refrained from doing some particular thing.

In the case of our last patient the hen phobia was the direct projection of a libidinal tendency, or of the danger of castration which was attached to the fulfilment of the libidinal wish. But here too the phobia was really the final product of a struggle against certain aggressive impulses.

Both these cases seem to confirm the view that in contrast to hysterical conversion-symptoms the phobia is characterized by a stronger regressive tendency in the sense of sadistic-aggressive impulses. Hence the super-ego behaves more severely and brings the ego into those dangerous situations which can be projected in the phobia and thus take on the character of an external danger and so be avoided. But it does not behave so implacably as in the obsessional neurosis, for provided that certain avoidance-measures are observed the phobia is able to grant the ego freedom from anxiety and symptoms,

whereas the constant inexorable pressure of the sense of guilt in the obsessional neurosis leads to a continuous series of precautionary measures, defensive struggles, etc. We will return later to this comparison between the phobia and the obsessional neurosis.

LECTURE VIII

AGORAPHOBIA

THE cases I am about to discuss all conform to a quite definite type of illness. They are people who develop intense anxiety-states when left alone in the street. They become subject to all the phenomena of anxiety: palpitations, trembling, and especially the feeling that they are going to collapse and meet with some irreparable disaster. Their anxiety is a real death-anxiety and their phobic fear is, "I am suddenly going to die". They are suddenly seized by the thought that they are going to succumb on the spot to debility, a heart-attack, or paralytic stroke or some other catastrophe. Frequently the anxiety is centred on the idea of being run over, train or motor accidents, etc. It is typical for these states that they completely disappear or are considerably alleviated when the patient has someone to accompany him. Sometimes the mere sight of his home in the distance restores his sense of security. The companion must usually fulfil certain conditions, such as that some sort of tender relationship must exist between him and the patient. Many sufferers from agoraphobia insist on the company of a particular person. Others are less exacting and are content with anyone who is likely to be able to render "immediate

assistance". There are some rich patients who are only happy when they have their doctor by them with the saving injection-syringe.

As there appeared to be nothing very specific about the choice of companion, this aspect of the matter has been neglected in favour of the patients' assertion that it was merely a question of obtaining assistance in general. But in the three cases I am going to discuss here the significance of the particular companion seems to be of importance and to throw a certain light on the essence of this form of phobia.

One of these cases was entrusted to me several years ago by a colleague on his departure from Vienna. The patient was a young girl with typical agoraphobic symptoms. Every time she went out without her parents she was attacked by violent anxiety of the sort described above. Her companion had to be either her father or her mother. According to her, the first attack occurred on an occasion when she had seen a man collapse on the street in an epileptic fit. Henceforth she was unable to recover from the shock of what she had seen, the less so as she was constantly getting to hear of sudden deaths. In this connection she seemed to be peculiarly unfortunate, for she was always encountering ambulances or funerals and was ever being reminded anew through these "experiences" of the possibility of her own death. It is indeed remarkable how often sufferers from agoraphobia are surprised by these apparently chance traumatic encounters. This is due of course to their always being on the look-out for such things, which others pass by unnoticed, so that they are able to maintain the impression that they have particular ill-luck in this respect.

From the previous history of our patient I should mention that about the time of her falling ill, *i.e.* about a year before the beginning of the treatment, she entered into an erotic relationship with a young man, which was sanctioned by the bourgeois morality of her parents as long as it remained a "platonic love".

In her treatment with the first analyst her condition had considerably improved. It was obviously a case of a "transference success", the meaning of which became clear in the course of the analysis. The kind and understanding treatment, which served in the first part of her analysis as a substitute-gratification for her unconscious relationship to the father, had the effect of enabling her to come to the analysis unaccompanied and to move freely within a wide radius of the analyst's house. The phantasy, in the sense of love-fulfilment, which now related to the analyst, served as protection against the anxiety and took the place of a companion.

Soon after the departure of her first analyst, Dr. X——, a new displacement of the anxiety intervened with an unexpected content: something might happen to Dr. X—— on his travels, he might have a heart attack, for instance. For a time her anxiety about his person replaced that about herself. But this was only temporary; soon the old anxiety about herself recovered its former prominence.

What was the decisive factor in our patient's agoraphobia?

I should like first to stress the fact that the departure of the analyst was felt as a disappointment in love and called forth a sadistic reaction, which was, however, repudiated and transformed into anxious

solicitude. Her anxiety corresponded to a typical hysterical reaction-formation. The fact that the anxiety related first to her own person and then to the frustrating object (the analyst) makes it probable that some sort of bridge can be found between the two.

The patient's analysis grouped itself round two traumatic experiences, the first in infancy, the second in puberty. The infantile experience was the actual overhearing of parental coitus, from which she gained the impression that her father was throttling and torturing her mother. The experience in puberty was a severe seizure which her father had after a bath, in which he collapsed completely as if dead, so that he had to spend some considerable time in a sanatorium.

All the patient's puberty phantasies were a revival of that infantile eavesdropping situation. They were feminine-masochistic in character, and in addition to the normal contents—violation, degradation to the rank of prostitute, etc.—they had some particularly violent traits, *i.e.* a red-hot iron rod is stuck into her genitals, or she bears a child and bursts into pieces in the process.

In all these masochistic phantasies, which had arisen around the eavesdropping scene, the patient had identified herself with her mother. The Oedipus complex ended with the fixation of this identification and of the death-wish against the mother attached thereto, which had a particularly aggressive character. The later experience—the father's sudden seizure—which occurred during her puberty conflicts, had revived the memory of the infantile experience and mobilized the hitherto repressed

reactions against the father. These reactions culminated in a death-wish against the father. The content of this wish was, "If you don't love me as you then loved my mother, may you die!" The father's convulsions and loss of consciousness were the associative link with that first infantile scene. The repudiated death-wish against the father corresponded to the regressive reactivation of the infantile wish to "castrate" the father.

The outbreak of the neurosis followed upon an actual sexual attack on the part of her lover. In the first instance, therefore, her parents' protection "on the streets", *i.e.* outside her home, related to a danger founded in reality. But this did not exhaust their part as companions. For as soon as the patient got into the temptation situation (*i.e.* outside the protection of her home), her otherwise well-repressed instinctual impulses were immediately mobilized.

As we have already seen, these impulses were definitely masochistic in character. The infantile mother-relationship, maintained by the fixation, to which the patient regressed, depended, as we know, on a masochistic identification with the mother. And this identification had the effect of turning the aggression directed towards the mother against her own ego, thus constituting the greatest danger for it.

The aggressive tendencies against the frustrating father had shown themselves particularly clearly in the transference relationship to Dr. X——. But the analyst's friendliness and the hope of his love had modified his aggression, and this in its turn seemed to have made the patient free from anxiety. But the frustration brought about by his departure had remobilized the entire sadistic revenge attitude and

given the anxiety a content more nearly related to its unconscious origin. The form of death, that is to say, to which the analyst was condemned, corresponded exactly to the impression the patient had gained of her father's seizure, and also, be it noted, to the fate she feared for herself in her agoraphobia.

The whole well-repressed content was only mobilized under particular conditions. When her parents were not present, the street, which was for her a partly real and partly symbolical "temptation-situation", became such a condition. We can now understand why the anxiety in face of the inner dangers was diminished when she took her parents with her. The apparent protection from the external dangers of the street was only an obvious rationalization for the unconscious dangers of her inner life. The presence of the parents protected her not only from the fulfilment of the forbidden sexual wishes, but also from the aggression against the forbidding parents, which was intensified in the situation of sexual temptation and seemed clearly to be compensated and modified by their presence and tender solicitude. At the same time the danger of death which the intensification of the aggression had brought the ego, which was masochistically identified with the mother, had been lessened and the anxiety had been alleviated.

The second patient I have to talk about was a lower middle-class woman, some forty years old, the mother of three children, and hitherto, practically speaking, healthy. The eldest daughter, a girl of seventeen, was brought up by the mother in the strictest rules of bourgeois morality, and had begun to be interested in men and love and all the things

that are of most importance for a girl of her age. The mother felt upset by this fact, and though she pretended to be sympathetic, actually she spied continually on her daughter, consumed with curiosity about her harmless love-life, and learnt from her diary, which she came across "by chance", that she was just beginning a relationship with a man for whom she (the mother) felt a certain interest.

This was the signal for the mother's neurosis. Her whole conscious and unconscious phantasy-activity represented a reactivation of her puberty. This already elderly woman began to have all those phantasies of defloration, violation, and prostitution which are typical of puberty and which were all dangers which she, the loving mother, should have been fearing for her daughter. In these forbidden and repudiated wish-impulses the patient had indeed identified herself with her daughter. At the same time the daughter had become the hated rival against whom the patient's entire revenge-reaction, which had once related to her own mother and now related to her daughter, was directed. She felt almost consciously that her daughter was standing in the way of her happiness as her mother had once done in her own childhood. She used to say that she had been quite differently brought up by her mother from "modern" girls. She was never allowed to go out unprotected and her whole love-life was strictly controlled. This same situation of control she repeats now in her agoraphobia. Tortured by death-fears as she is, she can no longer go out alone. The only possible companion is the daughter, but in reality this condition can seldom be fulfilled, so that she is more or less confined to the house.

It is easy enough to understand the meaning of this situation. The daughter must see to it that the mother does not succumb to her instinctual impulses, those impulses namely in which she is identified with her daughter. In addition to her other instinctual dangers the patient is exposed to the aggressive death-wish against the rival, which rages against the ego owing to the identification which has taken place. In this situation the mother is at the same time enabled to keep watch over the daughter, who is threatened by dangers not only from her awakening sexuality, which the mother must protect, but also from the unconscious aggressive impulses of the mother. Thus the daughter, as protecting agency, has taken on the rôle of the super-ego, the forbidding and threatening protection, which had once been in the hands of the patient's own mother. We have here a process analogous to that of the former case: the companion becomes the "protected protector". The circumstance that the object of the identification, against which the aggression is directed, assumes the rôle of protective companion and performs its office as a loving and not as a threatening agency enables the death-anxiety to disappear. The identification process on the one hand, and the death-threat against the ego on the other, are both transitory in their nature and bound to the temptation-situation represented by being out of doors. It is worth noting that the patient's anxiety originally related only to a particular section of the way, a path alongside a hedge, behind which she had often seen men relieving themselves. I mention this, because I have got the impression that exhibitionistic tendencies play an important subsidiary part in the determination

of these street dangers. But I will come back to this point in my next case-history.

In this third case-history we have to deal with a twenty-seven-year-old woman who had been married for three years. She was the middle one of three children. In her earliest childhood her relation to her brother, who was two years older than herself, was one of peculiar jealousy (penis envy), and her relation to her two-years-younger sister one of strong oral envy. Both relationships were heavily charged with aggression and guilt. When she was four and a half her brother died of appendicitis. This death confirmed in her the severest sense of guilt, all the more owing to the decisive events connected with it. The most important of these was the disappointment she experienced at her mother's hands, for, instead of winning her through her brother's death, she lost her. For the mother, consumed by grief, withdrew from the family, lived alone in an attic, and thus brought the daughter into a situation which, though certainly desired by her, was nevertheless dangerous. For she now slept in bed beside the father and was able to a large extent to realize her Oedipus phantasies. And when the mother tried to resume family life after a year, the little girl was already exhibiting the neurotic reactions to these incidents. And then in the latency period further neurotic difficulties occurred: fear of thunder and earthquakes and all manner of small conversion symptoms, which the analysis revealed to be pregnancy phantasies. Even in the pre-puberty period she had heard of women who go on the streets at night and do something "dreadful", and could not be persuaded in consequence to leave the house after dark. Her ideas about

these women combined with depreciatory phantasies about her mother, and made her, the mother, into a prostitute.

Two memories from the latency period played a large part in the analysis. The first related to an anxiety-attack in the street on her way to ask forgiveness, at her mother's instance, of a lady from whose garden she had stolen fruit. She angrily obeyed her mother's command, but was unable to carry it out, because she was overcome half-way with palpitations and trembling. She realized herself that this represented suppressed hatred against the two women.

The other memory was connected with a story called *The Watcher in the Tower*: The lighthouse is kept by a woman, who lives there alone with her little daughter. One day the little girl finds her mother lying dead on the ground at the top of the tower. She has died suddenly of a heart-attack in the middle of discharging her duties. The gallant child coolly takes over her mother's task and heroically saves the ships in danger.

Since reading this story she had been overcome by the most violent anxiety every time her mother left the house, and had waited by the window or door till she returned. The patient explained characteristically: "I don't know whether I really felt anxious about myself or my mother". The content of this anxiety can be guessed from the content of the story, in which the little girl takes the mother's place. But with the patient the mother's death is the condition for an unconscious wish-fulfilment.

The part which the patient seeks to play in her identification with the mother is subject to the same

depreciation and humiliation of her own person as she had attributed to the mother. The fulfilment of these unconscious wishes would turn the patient into a prostitute exactly as she had done to her mother in her phantasy.

You remember the infantile situation which was certainly the traumatic basis of her neurosis. The little girl had been deserted by her mother, a trauma in the sense of the loss of the object. The mother had surrendered to her the place beside the father, *i.e.* she exposed her to the danger of her unconscious wishes—which culminated in the identification with the mother—being fulfilled.

When the mother returned to the family, the little girl was already firmly fixed in the rivalry relationship; but it was only possible for her to maintain her position under one condition: if, as in the case of the watcher in the tower, the mother were to die (the analogy is strengthened by the scene in the two situations: attic—tower.) Whenever in later life the patient found herself in situations in which her repressed libidinal tendencies—with her, too, masochistic in character—could be realized, she would call for her mother; not only to prevent the realization of her wishes, but also so that the death-wish which had been directed against the protecting, or disturbing mother, should not be realized against herself. The anxiety signal in her agoraphobia revealed itself in the analysis as the old call for the mother.

Let us return to her case-history. Even in her schooldays she had a sentimental love-relationship with a schoolboy friend. When she was eighteen years old she became acquainted with her future

husband, who made a strong sexual impression on her and asked for her hand. But the domestic atmosphere of her childhood was incredibly bigoted. After her son's death the mother had adopted an obviously neurotically-toned asceticism, and her own renunciation was accompanied by an extremely severe moral attitude, which invested everything sexual with the strictest prohibition. The patient now found herself in a conflict, for her platonic relations with her first friend, for which she had received her mother's sanction, were of course disturbed by her feelings for her future husband. It was impressed on her that one must remain true to one's first "ideal" love. The patient felt unable to decide either way. The relationship to her future husband was clearly prohibited, even externally, for he was an atheist, in contrast to the pious mother. The conflict thereupon assumed a neurotic character and the patient set about to try and find some way out of it. She became possessed of the idea that she would bring about the first friend's death by breaking off relations with him, *i.e.* she desired to get rid of the disturber of her wishes, as she had once desired to get rid of her brother. She underwent the same operation (obviously in an attempt to discharge the sense of guilt prophylactically) as her brother had died from. And in this way she was enabled to take a decision: she broke off relations with the friend and became happily engaged to her future husband. At this point the agoraphobia broke out. As she was on her way one Sunday to visit a friend of her mother's (the patient lived far from her home) in order to tell her of her release, she was suddenly disturbed by the thought, "What will she think of my behaviour?"

Lost in thought she turned into a rather quiet street, where she was suddenly overwhelmed by anxiety: "Now I am going to collapse helplessly". Unable to proceed further, she sent word to the friend she was going to visit, in whose company she was able to finish her journey.

What had happened? The breach with her first friend had heavily charged her sense of guilt and evoked the memory of her brother's death. By this breach she had made it possible to gratify her sexual wishes, just as she had been enabled by the death of her brother to sleep beside the father. All her wishes now acquired an infantile character and were accompanied by severe prohibitions. As then, the mother withdrew her love and left her to face the sexual danger. As then, the death-wish against the mother was activated. And just as she used to wait for the mother in the first infantile neurotic situation, so now she was unable to proceed without the mother's protection and the discharge of the murderous sense of guilt against her. Hence she had to have this friend, as mother-imago, to accompany her.

The neurosis developed into a typical agoraphobia. On the advice of her doctors she married, but her condition grew worse and worse. The one thing she gained was that her husband, whom she tortured and fettered to herself by her symptoms, was able to act as the accompanying person. Soon coitus was attended by severe anxiety-states and vaginitis.

In the analysis she developed a strong "transference-neurosis", which enabled me to gain considerable insight into her illness from her relationship to my person.

The first phase was occupied by a "negative transference": refusal to be cured by me and distrust of my tolerance. How could I be an analyst when I allowed my own daughter, as she imagined in her phantasies, no sexual freedom? Every gesture of mine she construed as a prohibition, and hesitated between absolute protest and slavish obedience. She always accepted my interpretations without a cavil, but it would often happen, when she was about to tell, for instance, some particularly confirmatory dream, that she would begin to laugh and be unable to stop doing so for a quarter of an hour on end. It was clear that her apparent acceptance was accompanied by a contemptuous mistrust.

When I gave her a piece of advice, for example, to consult a woman doctor, she became overwhelmed by compulsive doubt, felt she had to obey and yet could not bring herself to go. One day I exhorted her to walk to my consulting-room instead of taking, as she usually did, a taxi. She took one, nevertheless, on the way, but this time, contrary to custom, she was attacked by the most intense anxiety in the taxi, and the content of the anxiety was that she would now be punished with death for having transgressed my command. On the stairs she was possessed of the feeling that something had happened to me. During this analytic hour she had for the first time an anxiety-seizure, which gradually developed into a typical, tonic-clonic hysterical seizure. She collapsed on the floor. At the end of the seizure she knelt down before me and said, "Forgive me". When I asked her what I had to forgive her for, she said, "This rage". She had seen for herself that the seizure was a discharge of rage.

On this day she went away completely free of anxiety for the first time in seven years. I should mention that this was the first hysterical seizure she had ever had.

She spent the next few days, too, almost without anxiety. This was due to the fact that she had found a ceremonial centring about my person. When walking in the streets she used to try and keep beside women in whom she could find some resemblance to me. If the person in question appeared to be "delicate" she would avoid her, for she might "collapse". Or else she would wait for hours in the neighbourhood of my house, remaining free from anxiety the while. She used a visiting card of mine as a sort of talisman, as a part of myself. Similarly she invested the landlady I had recommended her with a part of the transference. She would go about with this lady, though with a certain feeling of uneasiness, for she feared that she (the lady) might collapse on the street. As far as her anxiety was concerned, the way to my house was divided into two halves. The first half was productive of anxiety; in the middle there was a "hole" which intensified the anxiety, and after this she was safe.

With the increase of the positive transference went an increase of anxiety, lest I might refuse to see her any more if I got to know of everything about her. Then she brought up phantasies in which I did all the things which she was forbidden to do. She phantasied, for instance, that I had mysterious relations with men, that I undressed naked before my male patients; and one day she confessed to me under strong resistance that she had the idea that I masturbated during the analytic hour. All these

accusations were a mirror of her own wish-phantasies, and established an identity between us through a common guilt motive. But she also saw me in quite another light, as a hyper-moral and self-castigating person, an image that corresponded to her own ascetic ego-ideal. This splitting of my person was the equivalent of the double image she had once had of her mother; and with this double image she had identified herself, on the one hand in all the forbidden sexual acts she had imputed to the mother, and on the other hand, in the mother's severe prohibitions, which had been taken over by her super-ego. Even the vindictive death-wish against me was, as the analysis showed, the signal of revolt against the mother, and was thus transformed into the death-threat against her own ego.

This identification between me and the mother was illustrated particularly clearly in a characteristic dream:

The patient is lying on a hard trestle, her feet towards the fireplace, which is a mixture between a stove and a gas fire. The trestle consists of two chairs which have slipped apart, so that a part of her back hangs, as it were, in the air. On the floor beneath this part of her back is a burning candle. She has to keep raising herself in the middle to prevent getting burnt. The dream is accompanied by palpitations and anxiety.

The associations to this dream led back to that danger situation in which she had found herself when her mother had left her to sleep beside her father. She recollected that her father, who was obviously an obsessional neurotic, used to look under the bed with a candle before going to sleep. The movements

she carried out in the dream were a repetition of the typical *arc de cercle*, which she had produced in her seizure in the analytic hour. The fireplace by her feet represented a condensation between the stove in my consulting-room and the kitchen fire at home. At her mother's wish she used to cook the breakfast at this fire, during which procedure she had an intense fear of mice which sometimes crept out of the holes under the hearth.

Onanistic impulses are also recognizable in the movements of the dream, and the guilt for these impulses as well as for the phantasies about the father she ascribed to the mother, who had brought her into these situations, just as I had done recently by making her phantasies conscious.

In another dream she is lying beside her mother in bed, watching her masturbating. She tries to stop her, and wakes up in a state of anxiety. The identification here between the dreamer and her mother on the one hand, and between me and the mother on the other hand, becomes clear when we remember the act of masturbation which she attributed to me.

As the anxiety-tension in her relationship to me diminished, the patient summoned up more courage to impart her sexual phantasies. They were throughout of a genital-feminine, strongly masochistic character, and the active and passive birth phantasies, related thereto, had a far-reaching significance for her agoraphobia. The hysterical seizures she produced in the analytic hour enabled me to probe the content of this agoraphobia.

They would occur, for example, when she was reproducing anxiety-dreams, or would even themselves have the character of a dream, and after the

seizure was over the patient was always able to describe the content of the phantasies which had accompanied it. They proved to be representations of birth situations. For instance, she dreamt that she was in a dark cellar, being pursued by a woman; she is seized by frightful dread, for she can find no escape from the cellar. Suddenly she finds that blood is flowing from a hole in her head; an ambulance arrives, takes her away, and—she is saved.

Her associations showed beyond a shadow of doubt that this was a representation of her own birth.

In another dream, in telling which she also had a seizure, she saw herself standing by a window; she wonders why she is afraid to jump out of it. Then she throws a little doll out on to the street and is promptly seized by an intense feeling of anxiety that she is going to die. The violent convulsions of her whole body, which occurred in the seizure, were attempts to ward off this anxiety. This dream, too, was a clear example of birth symbolism.

Of peculiar interest in this patient's case was the gradual transformation into a hysteria with seizures. With the improvement in her relationship to me and the mitigation of the destructive function of the super-ego went a diminution of the anxiety. And yet every time impulses connected with the mother-relationship were released in the analysis the patient had a hysterical seizure, though these were characteristically confined to the analytic hour.

These seizures represented situations of a definitely genital character (masturbation, coitus, birth, delivery). The patient felt that she could allow herself these seizures in my presence, for even though they were accompanied by a "sensation of dying", she

knew that she had nothing to fear if I was there. But outside in the streets she felt that she needed the anxiety, as though it would act as a warning signal in face of danger. I think we may accept the patient's interpretation. So long as the aggressive tendencies of her super-ego threaten her with death, the wish-impulses must be suppressed by severe prohibitions. But where the tension between ego and super-ego (*i.e.* in the analytic situation between her and me) is lessened, the permitting forces can find expression and she can allow herself the symbolic representation of her repressed instinctual wishes in the seizure. To sum up, I think we may say that by the adjustment of her aggressive tendencies in the analysis, the severity of her super-ego was diminished, the genital tendencies were able to find expression, and instead of the inhibiting anxiety the motor discharge in the hysterical seizure was made possible.

We see in this case the transformation of one form of neurosis into another, the change from phobia to hysteria with seizures. In this connection I should like to discuss another case, in which an anxiety-hysteria changed to an obsessional neurosis. The patient was a girl of twenty years, the only child of rich parents, whose father, however, had obviously little interest for family life and was more like a guest in the home than a parent. From the very beginning the mother, who was extremely neurotic, had bestowed the full measure of her unsatisfied love on the child. The infantile mother-child relationship had been successfully maintained to such an extent that at the time of her treatment the eighteen-year-old girl still slept with her mother and used to suck her breast or finger regularly before going to sleep. The

analysis revolved chiefly around this mother-relationship and attempted to dissolve the morbid mother-fixation through a mother-transference. During the whole treatment the father had only one significance: that of a highly unwelcome intruder who threatened from time to time to come between the patient and her mother. In any case the Oedipus complex had culminated in confirming the mother-fixation.

The mother told me that the patient refused to leave her side from her earliest childhood, and that she had in consequence really been her slave ever since her birth. Her morbid traits, however, had only begun in puberty. The daughter had begun then to suffer from anxiety-states when the mother left the house, giving as her reason that something might happen to the mother—"She might, for instance, be run over". She would wait for her mother by the window with an expression of intense anxiety on her face, and would light up with relief when she saw her mother return home again alive.

It is obvious to anyone trained in analysis that this hypersensitive anxiety had the character of an over-compensation and must be considered as a hysterical reaction-formation. The anxiety-sensations and the ideas about the mother's death in the street are reminiscent of the cases of agoraphobia discussed above, in which the appearance and disappearance of anxiety seem to be dependent on the absence or presence of particular people or their representatives. And yet the cathexis in this case was of a different nature. The anxiety is the same, but the death-danger relates to the object, whereas in the agoraphobia it related to the ego itself. As far as the

content is concerned, the agoraphobic patient we last discussed suffered from an anxiety-phase which was exactly the same as in the present case.

Our patient's first neurotic manifestations were hysterical in character. The anxiety related to the threatened loss of object, and the ambivalence towards this object came clearly to expression in the content of the anxiety, *i.e.* that something terrible would happen to the mother.

The first hysterical phase of her neurosis was succeeded—as we shall see—by a transformation into an obsessional neurosis. In the analysis one could clearly trace the regressive reactivation of the anal-sadistic tendencies after successful genital repression. But before this happened another symptom-formation of a hysterical character occurred. The patient could not go out without her mother, because in the interval something terrible might happen to the mother (at the hands of the father, as the analysis showed). The only difference between the new symptom and the old one was the change of scene. Now the patient was outside, and the mother at home. The content was the same: fear of the loss of object and revenge against the object. This anxiety about the mother was again nothing else than a loss-anxiety, *i.e.* she was afraid that the mother might give her love to the father in her absence. The hate-tendencies against the mother proceeded on the one hand from the disappointment-reaction, and on the other hand certainly from the normal Oedipus complex, even though it had been very much covered over by impulses of the opposite attitude.

This symptom too is closely related to agoraphobia. The patient is unable to go out alone for fear

that something might happen to the mother in the interval. The close relationship lies in the fact that this patient too is attacked by anxiety when she is deprived of her companion—the mother. Only the content is different: it is not she but the person whose companionship she desires who is threatened by the dreadful fate.

Thus far the patient's symptoms show a certain affinity with the clinical picture of agoraphobia. In what follows a transformation takes place, which on the one hand increases this affinity, but on the other hand diminishes it. The patient is unable to go out without her mother, but in contrast to her former state she is also tortured by the most violent anxiety when she is in her presence. She holds her mother in a convulsive embrace, continually worried lest something might happen to her. And finally the hitherto inhibited impulse comes to expression in a compulsive form: she becomes afraid lest *she* should throw her mother under a tram or a motor-car. This obsessional fear is accompanied by the obsessional impulse really to push her mother to destruction.

Thus in this case too we see the transformation from one form of neurosis into another, in which the same content—the aggressive impulse—remains repressed in the first form and an anti-cathexis in the reaction-formation of over-anxious tenderness is all that comes to the surface. The anxiety springs from two tendencies which merge into each other: the one is the continuation of the early infantile relationship and corresponds to the danger of the object-loss, the other is a warning signal against the sadistic impulse and demands a further over-compensation through tenderness. The presence of the object is the con-

dition for the freedom from anxiety—which constitutes the neurotic symptom in our case, so long as it has a hysterical character.

We assume that in the further course of the neurosis sadistic impulses, hitherto repressed, have broken through as a result of regressive processes. The anti-cathexis through over-anxious love is obviously no more in a position to prevent the pressure of these impulses. They appear in a compulsive form as a temptation to murder, and the patient protects herself from the evil deed by means of precautionary measures which themselves correspond to the content of the deed.

In this case the neurotic mechanism is closely related to phobic anxiety in that we have here a very marked tendency to anxiety which is always pressing for precautionary measures, and the slightest attempt to neglect these leads to an intense anxiety-development.

The obsessional neurosis, on the contrary, is usually able to obtain a wide measure of freedom from anxiety through symptom-formations. The obsessional impulses and their anti-cathexes are alike removed from the original content, and the whole neurotic structure would seem to be far better organized than in this case. And yet the feeling of inner compulsion and the anxiety about carrying out the obsessionally urgent impulse here are definitely obsessionally-neurotic in character. As we have seen, the regression to the anal-sadistic phase was the motive for the transformation of the symptoms in this case.

In our last case of agoraphobia, on the other hand, the symptom-transformation occurred as a result of

the diminution of the hate-tendencies and of the severity of the super-ego through the favourable conditions of the transference.

From the above material we can explain the relationship of agoraphobia to hysteria on the one hand, and to obsessional neurosis on the other hand, as follows: We know from Freud that phobia, in view of its connection with the genital phase, is to be reckoned as a form of hysteria. In my opinion we are here dealing with people with whom the ambivalence conflict is acuter, the sadistic impulses stronger, than is usual in the genital phase. The fact that the genital phase has been reached and maintained prevents the actual formation of obsessional symptoms; but the anal-sadistic phase is still able to exercise an attraction which may provoke a regressive relapse and produce a transformation of the hysterical neurosis into an obsessional illness (as in the case we have just discussed) or else a fluctuation of symptoms.

Under certain conditions repressed impulses will be mobilized and the relationship to the tenderly loved object will be regressively degraded to the formerly existing and fixated identification. As a result of this identification the aggressive impulses mobilized under the same conditions, which are directed against this identified object, are turned against the ego in a way to threaten its very existence.

When we come to discuss melancholia you will observe a similar process. There the object is introjected and the ego suffers the fate of the object at the hands of the destructive instinct: the death-threat and its anxiety-reaction in the threatened ego. The difference is that with agoraphobia the identi-

fication takes place on a higher stage of libidinal development and is thus temporary and capable of adjustment. It only occurs under certain conditions and can be removed by the presence of the approving and loving object. This is also true of the aggressive tendency which, involving the ego in mortal danger, can yet be adjusted successfully by the presence and protection of the object.

I consider this identification with the object of the hostile tendencies to be the characteristic element in agoraphobia. The sense of guilt is able to be satisfied by the fact that in the "turning against the ego" the latter itself experiences the death-threat. But the tension between the ego and the threatening agencies in the super-ego will only be released when the presence of the protecting object confirms the fact that the object is not in danger and has not deserted the ego.

In our last case we were able to follow in the transference the genesis of this tension between ego and super-ego. It revolved round two identifications: the one related to the degraded object, and the danger-bringing impulses formed the bridge of identification: "I am like you, my instinctual wishes make me like you". The other identification related to the severe prohibiting object—the ascetic mother —whose severity, however, was only called forth by the temptation-situation in the street.

I was also able to observe strong exhibitionistic tendencies as an important subsidiary element. My last patient, I should like to add, was much freer from anxiety in the street when she shut her eyes. And of central importance was the passive and active birth-phantasy, for which the being-away-from-home

and out-in-the-world had an important symbolic significance.

The confinement-anxiety as an element of the feminine-masochistic phantasy is a direct legacy of the castration-anxiety, and it was just the cases of agoraphobia which enabled me to see clearly what seems to me characteristic for the development of the female libido in general. The renunciation of the wish for a penis is directly succeeded by the vague desire for a painful sort of violation, and hence the castration wish and its immediate successor, the defloration or confinement wish, acquire the same meaning in the woman's unconscious. The unvanquished castration-anxiety is transformed into neurotic defloration- or confinement-anxiety. In the analysis of agoraphobes this transformation process can be clearly seen. Moreover, I have the impression that the feminine-masochistic birth-phantasy plays the same rôle in the case of *male* agoraphobes too.

Whether these cases supply a complete answer to the question why the anxiety occurs only in the street, I do not know. There is of course always a predisposition towards anxiety, which breaks out under certain conditions attached to the street. Freud found these conditions to lie on the one hand in the loss of the protective cover of the home, and on the other hand in the temptations of the street. This temptation occurs where the love-life is degraded by regressive factors to prostitution; this is especially conditioned by the masochistic tendencies which were clear enough in the cases I have discussed. The street likewise offers a peculiar danger to the exhibitionistic impulses, which were strongly represented in the cases analysed by me.

A further important determining factor was the active and passive birth-phantasy. Moreover, the strongly libidinal significance of the legs and the act of walking, which Abraham has drawn attention to, certainly played a part too.

If we compare all these cases of phobia we shall find their common ground to lie in the fact that the inner danger is projected outwards and attached to a situation or a particular object. In the animal phobia a suitable animal is chosen to incorporate the danger, and in the agoraphobia a part of the universe. The ego is thereby enabled to substitute a real, and so avoidable, danger for an unconscious and so unavoidable danger. Moreover, by the fulfilment of certain conditions the ego is able to obtain freedom from anxiety. With the animal phobia these consist in mere avoidance; with agoraphobia it was the presence of the object of an averted aggression which permitted the aggression to become attached to a libidinal impulse and thus diminished the anxiety-productive dangers for the ego.

PART III

OBSESSIONAL NEUROSIS

LECTURE IX

OBSESSIONAL CEREMONIAL AND OBSESSIONAL ACTS

THE patient I am going to talk about to-day was a pious Catholic school-mistress, who at the time of her analysis had tried to find escape from the world, becoming a novice in a convent. The impression she made when one saw her might have misled one to diagnose her as a case of catatonic stupor. She lay motionless in bed, her legs pressed together and her hands held rigidly away from her body; whenever anyone attempted to approach her, her face took on an anxiously tense expression. Her rigid attitude only relaxed when it was a question of defending herself against anyone touching herself or her bed. Her food had to be pushed over to her, and not given her by hand, and even her nearest relatives had to perform certain cleansing operations before approaching her. After contact had been established, I soon learned that the rigid attitude, the restriction of her relation to the outer world, was conditioned by one single thought: her body must not be touched, for it might thereby be polluted. "Dirt" meant, particularly, sexual things, with which the whole world was polluted. Her mother had, for instance, bought something in a shop which had, of course, been touched by the shop assistant:

"Who knows whether he himself had not had to do with sexual things, or perhaps shaken hands with someone who had come directly or indirectly in contact with sexuality?" This was the sort of dread from which she constantly suffered.

The condition in which I found the patient was the result of a gradual development of several years; the ascetic final stage, so to speak, of restrictions of her freedom of movement. At first these restrictions were merely obsessional cleansing operations and all manner of obsessional ceremonials of the character of commands, prohibitions, etc. Later she used to employ all sorts of safety measures in her intercourse with her immediate environment, and made it a condition of further intercourse that those around her should change their clothes or have a bath, etc., before approaching her, and finally she had hoped to be able to escape the filth of the sexually polluted world behind the walls of the convent. But here too the visits of the priest, the excretory processes of the nuns as well as her own, brought with them the same dangers, from which she had finally saved herself by the condition of rigidity I have described to you.

Out of her analysis, which lasted three years, I will briefly discuss only what seems to me necessary to understand the psychical mechanisms of such an illness.

The first things I learned about the patient's childhood—which her mother had also told me independently—stood in crass contrast to her later cleanliness-compulsion. Up to her twelfth year the patient had expressed all sorts of tendencies which betrayed a strongly anal and sadistic disposition. She suffered

from chronic constipation, spent hours of her time in the lavatory, liked to besmear the walls, went about mostly unwashed, and had, as she herself admitted, strong, conscious pleasure-sensations when defecating, and felt the greatest interest in her stool, etc. She was a naughty child, tortured her younger brothers and sisters, enjoyed pulling the wings off flies, found it difficult to get on with her playmates; in short, in her mother's words, she was "naughtier than the naughtiest boy". After her twelfth year a complete alteration in her character, with which I will deal later, set in.

Before discussing this I must point out that we are not always able to see so clearly the origin of the later reactions in the case-history. Usually tendencies like those of our patient are repressed much more early and made gradually unrecognizable by reaction-formations, so that these primary and original attitudes can only be revealed by analysis.

Our patient's neurosis broke out in her seventeenth year, and yet the analysis showed that the first traces of her later illness led back to childhood. Even in her tenth year she began, although herself dirty and still occupied with her cloacal habits, to be at the same time extraordinarily pedantic in tidying-up. She would not allow a speck of dust on the floor, picked up every scrap of paper she could see, and took the greatest care not to let any drop on the ground. In this connection she expected to be praised by her mother for her care and cleanliness, and felt unhappy when her mother did not do so. Moreover, she transferred this solicitude on to her elder brother. She would feel anxious lest he might possibly "have dropped something", or she would go over all his

things to see if everything was in order. These first signs of the neurosis were recognized as such neither by the patient nor by her friends. For us they already constitute a proof of the repression which had taken place. The pedantic care in tidying-up is an obvious reaction-formation against the dirty habits which she had indulged in in the lavatory; the urge towards cleanliness served to suppress her pleasure in dirt. Her meticulous behaviour and the desire to be praised by her mother perhaps already indicate a very unsatisfactory relationship with the mother and reveal themselves as the first reaction of the sense of guilt.

Her solicitude about her brother could be traced back to certain common experiences of which she had the following memory: One night when she was a little girl she woke up with feelings of anxiety and oppression and felt her some years older brother lying on her in her bed. The patient indignantly blamed her mother for this experience, because she had not paid more attention to the children. Surprisingly enough, the patient was able to be convinced in the analysis that she had completely distorted and displaced this infantile experience in her memory. It was not the elder brother who had seduced her, but on the contrary the younger brother—who had been entrusted to her care—whom she had seduced. And the reproach against the mother had also quite another aim. At a much earlier age the mother had, it is true, forbidden something which had been covered in oblivion. This prohibition had related to the little girl's onanistic games, and the reproach against the mother had been reactivated and introjected by this new for-

bidden act, the active seduction of the brother, *i.e.* the old self-reproach about the onanism, combined with the sense of guilt proceeding from the seduction of the brother. The reproach against the mother that she had "paid too little attention" really meant the opposite, namely, that she had paid too much attention at that time to the onanism, which she had forbidden. But the aim of this unjustified reproach was to liberate the patient from the self-reproach. The analysis was able to show the patient many situations in which she had employed this mechanism of getting rid of her own sense of guilt by putting the blame on her mother.

The first infantile symptoms (dirty habits, etc.) disappeared, the patient remained apparently healthy, but showed a typical change of character. She became extraordinarily cleanly, conscientious, pedantically exact in all she did, hypersensitive towards her family, extremely truth-loving, ready to renounce all worldly pleasures out of sympathy and love for others, correct and reliable, with a trace of asceticism—in a word, the little devil had become an angel incarnate.

Such a change of character represents a typical phase in the life of an obsessional neurotic. It is a character-formation which arises from reactions against repressed anal and sadistic impulses. It sometimes happens that the neurosis stops here, without proceeding to symptom-formations; the individual remains healthy, socially indeed of great value, and only the analyst is able to recognize in him the disguised obsessional neurotic. The capacity for love, the free motility of the libido in such people is, to be sure, not very rich or plentiful, because a

large part of their mental energies are occupied in maintaining the tension of the reaction-formation, in order to prevent the break-through of the repressed material.

With our patient, however, the process went beyond this stage. When she was sixteen years old her father died. The patient then became peculiarly active. At home she assumed the father's rôle, took on herself the care of her younger brothers and sisters and pursued this goal with the greatest energy. At the same time she tried to withdraw the children from their mother: she wanted to take over the mother's rôle, too, in relation to the children. Thus she hoped to emerge as victor from the old fight for the father against the mother, originating in the Oedipus complex, and to be the mother to his children. She behaved as if she were hypersensitively concerned for the mother and gradually separated her from the children, apparently only from solicitude for her health. In actual fact she assumed the management of the house and at the same time lavished the most tender, motherly care on the children. In pursuance of this devotion she felt the wish to find a father for the children. But it must be no ordinary father. Hence she became engaged to her rich chief, although she was apparently very attracted by a young though poor colleague of hers.

At this point the neurotic symptoms broke out. The first of these was a sleep-ceremonial: she had to get up several times during the night to see whether all the six children were asleep, whether they were tucked in and had no fever. The aim of this ceremonial, an obvious death-wish, compensated by hyper-tenderness, against the children, was to enable

her to fulfil her unconscious wish to marry her poor lover.

One can see here the stupendous accomplishment of the ambivalent conflict: she voluntarily sacrifices her happiness to her brothers and sisters—indeed one might say she forces this sacrifice on them—in order to be able to develop an unconscious hatred towards them which goes to the length of actual death-wishes. In order to ward these off she invents the sleep-ceremonial.

The fight against her own sadistic impulses proceeded further and led to new symptom-formations. Every evening she had to count over all the little objects in the house and hide them in her bed, so that she herself was forced to lie in bed crouched up in the most uncomfortable attitude because there was so little room left for her.

The analysis soon made it clear to the patient that the little objects really represented her little brothers and sisters. With excessive solicitude she counted the objects, *i.e.* the brothers and sisters, to make certain that they were still there. In this displacement on to trivial objects she does exactly what she had formerly done directly to the children in her tender anxiety about their sleep. Such a displacement from the original object on to a trivial object is very characteristic of the obsessional neurosis.

In this displacement-ceremonial the negative, aggressive attitude to the brothers and sisters—which was intensified to a death-wish—also found satisfaction. The act of hiding the objects under the bedclothes is a symbolical burial, and the subsequent ceremonial represents an atonement for the crime. In this ceremonial the little objects had to be pulled

out of their hiding-place and washed and handled with particular care, as if to undo the guilt-laden act she had just perpetrated.

I should like to draw your attention to the double meaning of the symptom-formation, which is particularly clear in this case. The one obsessional act serves to satisfy an unconscious tendency; the other signifies a protection against this, a revocation and annulment of it. The endlessness of such obsessional proceedings follows from the fact that the ambivalent conflict of the obsessional neurotic, *i.e.* the fight between his positive and negative impulses, can never come to an end, and hence ever new reactions of the sense of guilt and new protective measures are necessary to cope with charges of the aggressive tendencies.

The sacrifice our patient wanted to make to her brothers and sisters naturally did not take place. The engagement was broken off. Her symptoms increased to such an extent that she got into a position of the most painful dependence on them. Some of these symptoms were so clear in their structure that they deserve to be mentioned. She suffered, for instance, from a severe *délire de toucher*, touching-compulsion, which was indeed the cause of her severe catatonic situation in the bed. At first she carried out a touching-ceremonial: every object had to be touched so many times in a particular sequence; then she had to wash her hands the same number of times; then the touching began all over again and was followed by the washing, etc., until she finally went to bed, where she found peace only when the blanket was tucked in tight all round her body.

In this touching-compulsion she gave expression

to the wish to touch her own genital, repeating thus an action which had been forbidden by her mother in infancy. Another equally repressed "touching-wish", which found a compulsive and displaced expression, related to the brother's genital, in the recollection of the attempted seduction I mentioned above.

In another determinant the touching-compulsion represents the wish to "lay hands on" the loved person of her environment: in the transferred sense, in destroying them. The realisation of this wish is subject to the compulsion, because it is inhibited by the opposite tendency, *i.e.* the prohibition. But by being displaced on to indifferent objects this wish was nevertheless able to find a compulsive expression.

The washing-compulsion was also determined by more than one cause. First she cleans her hands in an actual sense after the contaminating symbolical touching of the genital. And secondly, this compulsion acquires a metaphorical meaning, in that she "washes her hands in innocence".

In this exhausting struggle between "wishing to touch" and "not being allowed to touch" the prohibition ultimately gained the upper hand. There was nothing she was allowed to touch, for, as we heard at the start, everything might have been polluted with sexual-products, with stool and urine, and all such "loathsome things". At first this prohibition related only to the objects of her immediate environment, but later it extended to everything, until her freedom of movement was so restricted that she was no longer able to stir a limb, and arrived in that condition in which we first became acquainted with her.

The prohibition extended to everything connected with the excretory processes, *i.e.* faeces and urine. Everything in the world *could* have some indirect connection with these things. Which meant that the prohibition included the whole world. The origin of this prohibition in the protective measure against those wish-tendencies which aimed at reactivating the infantile pleasure in anal things is clear, but it is no less clear that the compulsion extends to the measure itself.

Other determinants of this touching-compulsion led back to "misdeeds" of her childhood which had heavily loaded her unconscious sense of guilt. These "misdeeds" had by no means disappeared from her consciousness. But the patient had no idea that they had left behind any guilt reactions in her, nor, therefore, that they came to expression in her obsessional acts. Such a separation of a conscious content from its affective element is likewise very characteristic of the obsessional neurosis.

Her touching-anxiety, for instance, had for some time the character of a syphilis-phobia. Between the content of the compulsion and the infantile experiences a very tragic bridge has been established by more recent actual complications. The patient's younger brother, of whose seduction by the little girl we have spoken, had acquired, when she was already quite grown up, a luetic infection, and had committed suicide from remorse about it. In the patient a connection was established between this actual event and her infantile experiences: at first she had the compulsive idea that she too had syphilis and her brother had "somehow" got his syphilis through her fault, but she was unconscious of the

connection between her sense of guilt towards the brother and those infantile situations. She thought that she might have got syphilis from masturbating, for she remembered that her mother had once told her that one can become blind from rubbing the eyes with the hand after touching the genital. Afterwards she had heard that syphilitics often become blind. She had been unconscious of the fact that the mother's remarks were a prohibition of onanism, but the connection between her sense of guilt about the onanism and her syphilis-phobia on the one hand, and between the self-accusation that she was responsible for her brother's illness and the active seduction of the little boy on the other hand was made quite clear in the analysis. Thus her touching-anxiety had the following meaning: there was nothing she was allowed to touch, for otherwise her dirty, *i.e.* onanistically contaminated, fingers would infect the whole world with syphilis, just as she had once infected her brother, and thus been responsible for his death. But it also represented the unconscious prohibition: not to attack her brother's genital as she had done on that occasion in infancy.

In this touching-compulsion we can observe two things particularly clearly: first, that the contamination-idea had an anal origin and that the repressed anal tendencies, despite the strong reaction-formations (pedantry, meticulous cleanliness, etc.) of which we have spoken as being the qualities of the second period of her childhood, then led to the neurotic formations; they then continued in the genital phase, so that the genital sexuality also acquired the character of dirt and contamination. Secondly, we can see how the old anal and onanistic tendencies came

to expression, and how a mechanism arose from their prohibition which then in its turn became a compulsion. (Prohibition of touching and washing-compulsion.)

I should like here to describe some more interesting episodes from the patient's illness. When she was some eighteen years old, her mother fell hopelessly ill of consumption. Night after night the patient sat up attending to her. After the mother's death she developed an intensive brooding-compulsion: would she ever meet her mother again? Was she quite sure that she had not given her mother the wrong medicine, which might have poisoned her? The origin of the compulsion is not difficult to recognize.

In connection with her mother's death she started a new obsessional-ceremonial, the analytic interpretation of which is particularly interesting. This ceremonial caused the patient to suffer for several weeks from insomnia, which could only be overcome by taking heavy drugs in a sanatorium. The content of the ceremonial was as follows: After going through a short sleep-ceremonial, which had for years now been a complete matter of course to her—something like a prayer one repeats automatically—the patient would go to bed. But she would have to get up again at once and see whether the door was really shut, and repeat this several times till she could ultimately bring herself to the decision to lie down again. She had, however, to repeat the compulsion, this process of looking to see whether the door was really shut, punctually once every hour.

This ceremonial proved—like every other—to be severally determined: It was the repetition of her eavesdroppings at the door of her parent's bedroom,

but it was also to make sure that she was undisturbed in the pursuance of her masturbatory wishes.

But this sleeplessness proceeded, above all, from her solicitude for her mother's illness, a solicitude which had gone to uncanny lengths in its zeal. She had felt herself bound to carry out all the doctor's instructions with the most painful exactitude, and had considered it a dangerous sin of omission if she did not give the prescribed medicine "according to instructions" punctually to the minute day and night. In order to ensure this meticulous punctuality she kept awake the whole time during her mother's illness. For she was subject to her own tyrannical command: "If you don't do this, mother will die". It is not difficult to guess the wishes which lay at the root of this exactitude.

After the mother's death she continued this compulsive action in another form. It was easy to show that her mother's death had not extinguished her former hostility against her and that she still had to continue the defensive measures against the old hatred and so even after her death remain faithful to her self-imposed command not to go to sleep.

Another reason for this was her fear of waking up the next day and finding that she could not open her eyes, *i.e.* of becoming blind. You remember that the idea of going blind was connected with onanism and the mother's threat: "If you put your hand there you'll go blind". Thus the prohibition of sleep meant: "You mustn't go to sleep for then you might masturbate". Here again a prohibition which once came directly from the mother and was then introjected has acquired the character of a compulsion. All these prohibitions and commands were masochistically

intensified by the patient, and in time she became completely their slave and her life a veritable hell.

She restricted her existence in yet another peculiarly complicated way. She would suffer no clock in her room (a frequent phenomenon with obsessional neurotics), for she could not bear the ticking sound, but she was driven by the compulsion—as at the time of her mother's illness—to keep looking at the time in order to miss nothing: "Otherwise some accident might happen". Thus she so arranged matters that she could hear a church-clock striking from her room. The attempt to get someone else to relieve her every now and then from the hourly watch came to grief, because the patient had the compulsion that she had to follow intently the breathing of her sleeping-companion lest it might perhaps stop, and adapt her own breathing to the rhythm of the other. The explanation of this symptom was as follows: in the last days of her mother's illness the doctor had felt her pulse, sounded her, and said: "It's missing beats; it won't last much longer". The patient listened now to see that her sleeping-companion's breathing did not stop, as a defence against the wish that it should stop. The old death-wish against the mother she now turns masochistically against herself as a self-punishment. "If her evil wish were to be realised, her own breath might stop at the same time." And hence she must adapt her breathing to that of her companion.

You have heard the condition and the relation to the outer world the patient had got into through her neurosis. The analysis freed her from her sufferings, but it did not succeed in giving her the enjoyment of life or in liberating her repressed sexuality. Under

the condition of asceticism—she now finally took the veil—she was able to remain, for all practical purposes, healthy. Religion meant for her successful sublimation. It clearly provided her with a possible way of getting rid of her sense of guilt. The prayers and penances became a substitute for the apparently "nonsensical" obsessional-ceremonials. In the new world which she had chosen and made for herself in the convent, she could feel herself "adapted to reality". She herself was completely satisfied with the result of her analysis. And the analyst? He too must at times be content with having found a *modus vivendi* for his patients equal to their capacity for adaptation.

If we recapitulate shortly our patient's case-history, her complicated path of suffering, we find the following scheme: in the first period of her childhood manifest, anal-sadistic tendencies. In the so-called latency period strong reaction-formations in her character (pedantry, over-conscientiousness, etc.), but even in this phase indications of obsessional symptoms, which at first looked like mere slight distortions of these characteristics: the urge towards cleanliness in reaction to the "dirt" of the first phase, the excessive solicitude about the brother in reaction to her active seduction, and the exaggeratedly tender wooing of the mother as a result of the suppression of hostile impulses.

We have been able to establish connections between this reactive phase with the first sign of the infantile neurosis and the later illness, and we have been able to observe that the reaction-formation in the character traits is no longer sufficient to suppress the original proscribed tendencies, and that the

patient must now employ much more complicated mechanisms to overcome the severe inner conflicts. The outbreak of the illness, the formation of the symptoms, is just the moment in which these complicated mechanisms have to come into play.

The first infantile phase, in which we learned to know the patient as an anal-sadistic child, must be considered as dispositionally determined. But what was the cause of the reaction-formation which set in in her tenth year? Under the influence of education on the one hand, and the developmental tendencies in the ego on the other hand, the ego began to be discontented even with the troublesome aggressive and contaminatory instinctual expressions, sought to defend itself against these through repression, and built up a reaction-formation as a bulwark against the surging or repudiated impulses. In this case it is fairly easy to guess why this repression set in just at this particular period of her life. For it was at this time that the fateful seduction of the brother took place. This event, which, strangely enough, had remained within her memory without the slightest conscious self-reproach, had nevertheless evoked strong feelings of guilt in the subconscious. We can observe the consequences of the unconscious sense of guilt—which had arisen as a result of this act—both in the first reaction-formation of childhood and in the later morbid symptoms. Up to her tenth year the patient's inner censor had been particularly mild in its régime, and the little girl had been able to indulge with a complete lack of inhibition her anal-sadistic instincts for a surprisingly long time. But the seduction of the brother was clearly the last straw, and from now on the critical agency abandoned its

tolerant attitude. Once having abandoned it, it seemed to have directed its attention even to the misdeeds of the past, for we suddenly find repressions and reaction-formations appearing all along the line; the once repressed onanism, the aggressive tendencies against the mother and brothers and sisters, the dirty habits—all this tale of long ago becomes subject to feelings of guilt which call for expiation. For some time she was indeed successful in restoring a psychical balance by the reaction-formations.

In puberty, after the father's death, the neurosis erupted in the form of symptoms. The patient reacted to the father's death with a deep but not morbid type of mourning. She tried to identify herself with the deceased, *i.e.* to take over his rôle in the family. Another loss-reaction is discernible in the reactivation of the Oedipus attitude. For towards her brothers and sisters she also assumed the maternal rôle and sought to find them a father-surrogate by marrying her chief. All this acquired the character of a masochistic sacrifice, obviously with the unconscious aim of depriving the super-ego of a motive for punishment. This sacrifice inaugurated the vicious circle of her neurotic conflicts. Following upon this masochistic sacrifice, and probably also upon the loss of the love-object (renunciation of the lover), the old sadistic impulses broke through and turned against the objects which the sacrifice had related to. These sadistic attacks assumed symbolic and obsessional forms. The now severe super-ego thereupon became active, and gave rise to the struggle between the libidinal impulses, which sought to find expression in harmless but endless actions, and the

forbidding powers, which undertook equally endless counter-actions. One might say that all the forbidden and all the forbidding spirits were up in arms. Sometimes the one and sometimes the other got the upper hand. All those misdeeds, whether realized or merely imagined—the onanism, the murderous impulses, etc.—sought satisfaction in symbolic acts. But all the counter-impulses in the psyche protested with equal vigour in symbolic attempts at revocation. We have only to remember the endless procedure of burying the small objects and the subsequent cleaning and counting, etc.

What was particularly striking was the fact that all the aggressive and obsessional impulses were directed against those objects which were undeniably and unmistakably the subject of love, *i.e.* the positive element in her emotional life. All her tender and positive impulses were exposed to a continuous and endless conflict with her sadistic impulses.

Just as we ascribed her anal-sadistic impulses to a constitutional factor, so this conflict between love and hate represented a constitutional ambivalence, *i.e.* love and hate were simultaneously and inseparably directed towards the same object. With this kind of disposition the sadistic aggression has the character of a libidinal urge which serves not only the hate but the love also.

But we were also able to see that the patient reacted to every aggressive impulse with a defensive or levelling counter-action, and we recognize this to be an expression of the sense of guilt, of the super-ego. In the symptom-formations we saw how the patient's ego stood as it were between two fires: on the one hand the unconscious impulse against the

objects of the outer world, with a definitely aggressive sadistic character; and on the other hand a particularly strong reaction on the part of the super-ego — also aggressive and directed immediately against the ego—which inevitably forced the ego to take counter-actions.

But even before her illness, in the phase of characterо-logical reaction-formations, we met this same sense of guilt and were able to pursue its development in the course of the illness and its expression in the obsessional defensive measures. The later development of the neurosis was such that in obsessional oscillations between instinctual satisfaction and prohibition the ascetic tendencies got more and more the upper hand, until finally, quite independently of the super-ego, the symptoms corresponded more to the prohibition, as a result of which the patient's whole life acquired a masochistic character.

If the patient attempted either spontaneously or on my advice to suppress the obsessional acts, she produced thereby a severe oppressive condition, which gradually developed into anxiety. This clearly shows that aim of her obsessional acts must have been to ward off a danger productive of anxiety. Thus the symptoms had here the same task as the phobic avoidance, *i.e.* they provided release from an inner danger. But what the phobia can accomplish with the aid of the projection-mechanism is here brought about by the imposition of prohibition, by commands and by an active revocation, a wishing-to-make-undone of what has already been symbolically accomplished or intended.

With the phobia the anxiety-affect occupies the

centre of the suffering, and the neurosis deals with this affect by appearing to make it relate to a danger in the outer world, and yet this danger to the ego really proceeds from the representative of the inner authority, from the super-ego. The anxiety itself is the result of an inner threat on the part of this power, a successful warning for the ego, successful in the sense of the freedom from anxiety it provides, though this freedom is dependent on the observation of a particular condition. This condition is: instinctual renunciation. The phobic representative in the outer world, which has to be avoided, thus unites in itself both the instinctual tendency and the forbidding power. The formula runs: "If you shun the instinct you will escape the punishing authority". We cannot avoid the impression that here too the severity of the super-ego applied particularly to the aggressive impulses, and in the peculiar strength of these impulses we were able to recognize the dynamic source for the development of intensive anxiety.

With our obsessional-neurotic patient, as we have seen, her wearisome symbolic operations brought her ego one advantage: the continuous freedom from anxiety. In this respect the obsessional neurosis proved to be more successful than the phobia. But we did not get the impression that this freedom from anxiety was due to an any less severe attitude on the part of the super-ego. On the contrary, the pressure exerted by the super-ego, the continuous and unrelenting action of the sense of guilt, compelled the harassed ego in its defensive mechanism to adapt or subject itself ever more completely to these powers.

In some of our patient's symptoms the repudiated tendencies (mostly of an aggressive character) were

displaced on to trivial objects only to be counteracted at the instance of the sense of guilt by counter-actions. Gradually the symptoms began to acquire predominantly the character of gratifications of the sense of guilt, of acts of penance, without the instinct coming to expression even in the most remote form of substitute-action. The ego was indeed completely at the mercy of the super-ego; it became aware of the sense of guilt and was ruled and tyrannized by it. By following exactly the development of the symptoms we were able to see that the sense of guilt was not diminished even when the ego had renounced all instinctual gratifications and substitute-formations.

There are cases of obsessional neurosis in which the sense of guilt behaves less insistently as well as those in which it completely dominates and continually occupies the patient's consciousness. There are, for instance, patients who are forced by their sense of guilt actually to provide themselves with some sort of guard to prevent a murderous action, or to be constantly reassured by those around them that they have not actually committed it. When they are not under observation they become desperate lest they have done something "terrible". One of my patients who suffered from the obsessional idea that she might have put poison in her child's food once actually intended under the pressure of the sense of guilt to inform the police that she had poisoned her child.

In all these cases we see the unrelenting severity of the super-ego. In discussing other forms of neurosis, too, we have seen the effect of the sense of guilt, but nowhere else did it stand so undisguised and

imperious in the centre of the psychical life. On the basis of our clinical experiences we can say that the more aggressive these suppressed wish-impulses are the more severe is the super-ego, a fact which I have already expressed in the formula: "Aggression against aggression".

Such observations have led Freud to assume that it is the same aggression whether it is attached to the libidinal impulses in the form of sadism or whether, when these are suppressed, it is incorporated in the super-ego and made the expression of its severity. It is a fact that the instinctual tendencies of the obsessional neurosis are sadistic in character. Hence we can account for the strength of the sense of guilt and the aggressions of the super-ego in Freud's sense from the fact that when the libidinal sadistic impulse is suppressed the aggression, thereby made free, becomes attached to the super-ego, and instead of being directed to the outer world is now consumed in the inner life.

This view follows the same lines as Freud's last scientific studies. In these he assumes two kinds of instincts: the sexual instincts and the destructive instincts, which are interwoven. Every separation of the two kinds of instincts, every "instinctual defusion" brings with it the release of the destructive tendencies, which are then either directed against the outer world in the form of aggressions or else introjected, *i.e.* they turn against the ego as if it were an object of the outer world, so that instead of sadism (outwards) we have masochism (inwards).

This inversion is a reaction of the sense of guilt to the outward striving aggressions, the throttling of which leads to a vicious circle, for by becoming

attached to the super-ego they make this itself sadistic, through which a fresh intensification of the inner tension of the sense of guilt takes place.

The higher the stage of libidinal development the more thorough is the mixture of the two forms of instinct. In discussing hysteria—which corresponds to the genital stage of development—we have seen that the ambivalent conflict, *i.e.* the fight between positive and aggressive negative-tendencies, does not play nearly so large a part as in the obsessional neurosis, and that here the sense of guilt seems to be less and the super-ego gentler.

Our understanding of the effects of regression is increased by our knowledge that the intensification of the ambivalence, the increase of the sadistic components as a result of regressive processes, is connected with the decomposition of the instincts, for the separation of the destructive instincts from the libidinal goes parallel with these regressions. This enables us to understand, too, why the severity of the super-ego appears to go hand in hand with the depth of the regression.

With regard to the phobia I might perhaps add that the instinctual decomposition is clearly more extensive there than in conversion-hysteria, and consequently the super-ego is more severe and the danger for the ego greater. Nevertheless the libidinal impulses seem to have effected a compromise with the aggression of the super-ego in the projected object, so that the sense of guilt does not rage so relentlessly against the ego as in the obsessional neurosis.

LECTURE X

OBSESSIONAL IDEAS

In contrast to the case I discussed in the last chapter the analysis of the obsessional neurosis I shall deal with to-day is very simple in its structure, can be easily and completely reconstructed, and ended, as I will say in advance, with a complete cure after a relatively short treatment.

The patient, a young woman of twenty-eight, came to be analysed for one single symptom: one single obsessional idea. One might say that in this case the neurosis was, so to speak, nipped in the bud by the analysis, and the inner conflict was successfully readjusted before the suffering could take on a permanent form. The patient related that she had been engaged up to the previous year, but through her fiancé's fault the engagement had proved a failure and was broken off at his desire. It had been of many years' standing, for he had kept putting off the actual marriage. Recently she had been more insistent in her demands that he should come to a definite decision, and this had already led to differences of opinion between them in which the fiancé became clearly ever more subject to the influence of his mother, who opposed the marriage.

Two years before—*i.e.* one year before the breach

—the obsessional idea appeared in an acute form. One day the patient woke up with the feeling that she had dreamed her fiancé had died. The rest of the dream she could not remember, nor was she even certain whether it really had been a dream or "something like a dream".

She then proceeded to reproach herself most vehemently for this dream or "not-dream", as if she had done something very wicked by dreaming it. Then came the idea that this dream-memory would always pursue her and never leave her in peace; she would never be able to be happy again. It is clear from this that the reproach was due to an inner perception of the repressed material, that the dream was intuitively recognized as a wish-fulfilment and therefore productive of the self-reproach.

Not much interpretation is necessary. This dream represented the break-through of the death-wish against the lover under the most naïve disguise: "The dream will pursue me", *i.e.* "I will never get rid of this wish, for it is too strong in me; I shall always have to reproach myself for it and never be able to feel free from guilt".

Apart from these self-reproaches there was very little to discover in this obsessional neurosis; few symptoms, and thus little opportunity to deal with them analytically. Looking back one could find no real obsessional ideas in her early years. Only between her sixth and seventh year (*i.e.* at the age when the obsessional neurosis is most liable to break out) she suffered from a very intense anxiety, which was obviously neurotic, about her father, who was suffering from some slight indisposition. This anxiety points to a death-wish against the father, caused

presumably by the erotic disappointment she had suffered at his hands. This assumption was confirmed later. You will notice the analogy with the actual symptom: the death-wish representing the sadistic reaction to the erotic disappointment.

It turned out that even before the outbreak of her illness the patient had experienced some signs of what was to come, which she had not, however, felt to be morbid. She suffered from a violent but unfounded jealousy towards her fiancé, which always related to a certain type of woman in no way corresponding to his actual preference. Simultaneously with this obviously pathological jealousy she was affected by a strong erotic wave, the manifestations of which amounted to obsessional ideas: the patient could not help thinking continuously of sexual matters, mentally undressed every man she saw, phantasied coitus with them, became as though possessed with compulsive ideas of the male genital, which she continually saw in her mind's eye. Soon afterwards she became subject to the obsessional idea which brought her to be analysed.

The first weeks of the analysis passed very monotonously. Little material, no dreams, few ideas. Suddenly the situation altered entirely. The patient, whose transference had hitherto been scarcely observable, fell violently in love with me. She produced the most intense homosexual erotic phantasies, which were soon replaced by an equally intense hate against me. This was succeeded finally by a death-wish against me in the same form as in the first symptom: she "might have a dream" that I had died.

This acute outbreak of the transference had come

about through a mere chance. The patient had seen into my bedroom through a door which happened to be open. The position of the beds had reminded her of her parents' bedroom, and the rapidly established identification between me and her mother had immediately led to the transference.

The wave of the transference and obsession, however, soon receded. A new obsessional idea appeared. She became afraid to stay alone in the house with her father (for some years a widower for the second time) lest he might sexually abuse her. Finally she only felt safe at the time of menstruation. Then she transferred the content of the first obsessional idea completely on to the father: she "might have a dream that he had died".

That is the whole history of her obsessional neurosis. From these few symptoms and the transference, it was possible to make a complete reconstruction of the infantile events which lay behind it. Let us return to the starting-point of her neurosis. The patient experiences a frustration from an actual love-object. The circumstances of the frustration-situation repeat the Oedipus situation with photographic accuracy: the fight for the lover between her and her mother. Here it is *his* mother who interferes with the relationship and forbids the marriage. The patient is defeated and the hyper-intense hate-tendencies against the man, who had chosen in the mother's favour, proves stronger than the love-impulses. The death-wish erupts from the unconscious and is transformed after its repression into a reactive anxiety about her lover, which acquires the character of an obsessional idea (dream) and as such becomes conscious. The fact that this idea remained impervious to all reason-

able arguments was due to its true content being unconscious.

The patient's childhood had been a peculiarly difficult one. In her fourth year, *i.e.* at an age which we consider to be the "hey-day of the Oedipus complex", when her mother had been dead two years, she was faced with the problem of a young stepmother. The fight for her father's love was hereby made very much more difficult. And just as in the present situation, she was defeated by the mother. The hatred for her stepmother and the furious intensity of the rivalry had remained completely conscious in her memory; it was only the sexual wishes, the libidinal content of this rivalry conflict which were hidden from her. The reactivation of the infantile situation had stirred the old extreme hatred against the father, which was conditioned by the young woman's sadistic constitution, and this was now displaced on to her present lover, who had also frustrated her.

This frustration, the "actual conflict", became transformed into a neurotic conflict. The disappointed libido regressed to the anal-sadistic phase, and this regression, as we know, inevitably brings with it strong aggressive reactions. The *agent provocateur* in this transformation of the real conflict into a neurotic one was provided by the fact that the disappointment-situation was a repetition of that infantile frustration which had clearly not yet been settled. The mobilization of the hate against the lover was accompanied by a turning from the heterosexual to the homosexual object. This homosexual attitude first came to expression in the morbid jealousy, which appeared fairly suddenly. At the same time this homosexuality was violently repudiated

and the patient sought help by a flight into heterosexuality, which had a pathological-compulsive character. The aim of the obsessional ideas of the male genital was to suppress the homosexual phantasy. One might say that the intensity of the compulsive thought about the male genital was really conditioned only by the repudiation of the thought of the female genital. The patient was in the middle of this struggle against the sadistic and homosexual tendencies when she came to be analysed.

By seeing into my bedroom she was able to establish a rapid identification between me and her stepmother, which provided her with the motive for a violent transference-neurosis with its accompanying content. The patient's ambivalence, which was in any case particularly deeply rooted in her constitution, was uncannily intensified by the actual conditions of her life. The patient had, that is to say, two mothers: a living one whom she hated and a dead one whom she loved. After the disappointment at the hands of the father she directed her whole yearnings to the dead mother. Indeed her relationship to women was ultimately built up on her hatred for her stepmother and her love for her dead mother. After the frustration from the man the homosexual relationship was intensified and found its first expression in a morbid jealousy. This ambivalent relationship to the woman could be effectively lived out, and then successfully dealt with, in the transference.

The last act of the neurosis—the erotic obsessional ideas with regard to the father, the anxiety lest he should maltreat her sexually, which were the expression of her own wishes, and the hatred in the form of the death-wish (expressed in the obsessional

idea: "He might die")—was also chronologically the starting-point of the neurosis. The simple structure of this neurosis might be expressed in the following scheme: excessive love for the father transformed into hatred as a result of the frustration; hatred towards the stepmother, longing for the dead mother; both ambivalent tendencies united in the homosexual relationship to the woman; eruption of the homosexual impulses at the renewed frustration from a heterosexual object, with sadistic revenge impulses against the latter as a repetition of the disappointment experienced at the hands of the father; and finally a return to the father with the love and hate tendencies which had originally been directed against him; in this last phase the analysis and also the therapeutic process terminated.

You will observe—and that is the real reason why I have described this case to you—how the patient repeated the whole history of her unconscious mental life in the reversed order of her symptoms, until in her last symptom she had reached the starting-point of her repressed conflicts.

After six months' treatment the patient left the analysis cured of her symptoms, but—we must add —without having essentially altered her character. But it was difficult to keep her in the analysis after her symptoms had disappeared. As far as one can prophesy at all, we may venture the prognosis that she will probably remain healthy for all practical purposes, but as a result of her aggressive tendencies and her ambivalent attitude, so deeply rooted in her constitution, she will certainly frequently find herself in serious conflicts.

In considering the case once more from the theo-

retic standpoint, let us start from that psychical experience of the patient which we called "inner perception". The knowledge that the neurotic symptoms represent a compromise between the forbidding and the libidinal tendencies is one of the oldest and most elementary principles of psycho-analysis. The symptom serves the gratification of the instincts at the same time as the repudiating ascetic impulse. With our first obsessional neurotic patient—the nun—we were able to recognize in every single symptom the operation of these mutually opposed forces. The dichronous nature of the symptom-formation so typical of the obsessional neurosis was particularly clear in this connection. This is due to the fact that the prohibited instinctual tendency and the forbidding mechanism take place *one after the other* (*e.g.* first the burying of the objects and then the careful guardianship over them). The relentless nature of the struggle is explained by the fact that the sadistic impulse concealed in the instinctual wish is repudiated by an equally cruel and sadistic super-ego. Another reason for this implacability is to be found in the severe ambivalent conflict, as a result of which every positive wish-impulse is accompanied by intense hatred, and these two components of the object-relationship, the positive and the negative, face each other like two opponents in an undecided fight. Moreover this ambivalent conflict is, so to speak, constitutionally determined, for the more remote the phase of libidinal development it belongs to the more violent it is. In the obsessional neurosis the severity of the ambivalent conflict is conditioned by the disturbance of the libidinal development in the anal-sadistic phase to which the patient has regressed.

Not all obsessional neuroses are alike in this respect. There are some cases in which the struggle takes place more in the intellectual life—*e.g.* brooding-compulsion, etc.—and others in which the obsession is expressed more in the motor-sphere, *i.e.* in action. Our first patient belongs, on the whole, to the second type, whereas the last one suffered more from obsessional ideas.

The clinical picture of obsessional neurosis can be extraordinarily varied, but despite this variety the same typical mechanisms are, as psycho-analysis has been able to show, always present. In all these various clinical pictures the personality of the obsessional neurotic is so identical—individual character traits and peculiarities always coming from the same source—that one can really only speak of quantitative or formal differences. Thus obsessional acts and obsessional ideas are only formally different, for the amount of psychic energy necessary for the motor-discharge in the obsessional action is no greater than for the energy-cathexis of the thinking process in an obsessional neurotic brooder. We shall see, moreover, that obsessional-neurotic character-traits derive from the same forces of energy.

In discussing the reaction-formations in the latency period of our first patient we have heard how meticulous she could be in her cleanliness, how scrupulous in her morality, and how loving in her sympathy. But we have not yet concerned ourselves with certain of her characteristics which also belong to the permanent inventory of the obsessional neurosis, *i.e.* superstition, distrust, doubt. I think it is worth while to say a few words on this subject.

Very characteristic for the obsessional neurotic are

his reports about all those peculiar and uncanny happenings which seem to pursue him. If he thinks of somebody, then the person in question promptly appears; if he feels affectionately towards somebody, then the person in question is sure to die in consequence; if he utters a curse on someone, then this is realized in the most terrible form. All these events are described by these unhappy people to prove the "omnipotence" of their wishes—especially the bad ones—and their thoughts. This behaviour has its psychological motivation in the fact that through the severance of the inner connections between the repressed unconscious wish-impulses and the sense of guilt which attaches to these impulses a tension arises in the ego for which a rationalization is eagerly sought. Thus where it is not possible to ward off the sense of guilt through character traits which we have learned to recognize as reaction-formations, we find along with the symptoms or even without their formation expressions of the sense of guilt which are characteristic for the personality of the obsessional neurotic.

Thus despite what is sometimes a very high intellectual level, and in full consciousness of the absurdity of his behaviour, the obsessional neurotic can be so influenced by blind superstition in his relation to the outer world that he is continually dominated by it in all his actions. The cause of this lies partly in the fact that the patient attains to a certain inner perception of his unconscious impulses and through the strength of his aggressive tendencies becomes liable to overestimate psychical processes in relation to reality, and partly in the fact that the warning voice of his sense of guilt makes him responsible for

the results of his wishes in the outer world. This superstitious belief of the obsessional neurotic that his thoughts find their realization in the outer world has a cerain affinity with the projection-mechanism of the paranoic, who projects the inner perception of a psychical process on to the outer world, on to his persecutor.

And this has brought us back to our patient. You remember that the patient's dream-memory and the fear that the dream might be realized also corresponded to an inner perception of the repressed material. The repressed impulse was the sadistic revenge against the lover. The inner perception was the representative of the sense of guilt, which had assumed the part of the inner persecutor. Why the patient's illness stopped at this stage, why the impulse did not find expression in an obsessional act, or why the sense of guilt did not lead to obsessional preventive and punishing mechanisms, is hard to say. In any case her neurosis proceeded from the same sources as the numerous symptom-formations of our first patient.

Another typical character trait of the obsessional neurotic is distrust. In this case the suppressed hate-impulses are displaced on to the outer world. The individual behaves as if the hostility did not lie in him, but as if it was directed against him from without. Here, too, the effect of the sense of guilt seems to be that its victim can only expect bad from others.

Another obsessional neurotic patient of mine showed this sort of projection very clearly in her symptoms. She was obsessed by the thought that she was an object of envy to her younger sister. Her life was filled with protective measures against this envy.

She dared not please anyone, have nice clothes, or betray any sort of accomplishment, lest she should provoke it. She could not love anyone, become engaged or have children, in a word she must give up everything which seemed to her worth having in life, for otherwise she might rouse her sister's envy. At the same time she had to utter all sort of magic words, perform certain tasks, carry out wearisome obsessional activities, all in order to paralyse the effect of this envy.

Again it is her own hatred and envy of the sister which has turned so cruelly against herself. She attempts to project outwards the inner perception of these feelings, and she behaves as though they would flow in the reverse direction from her sister to her. Thus in order to save herself from the sense of guilt and the self-punishing tendency, she leads a life of complete renunciation of all she desires and subjects her whole existence to a masochistic punishment ceremonial.

One of the most typical, and for the analyst most disagreeable symptoms of the obsessional neurotic is doubt. It is the greatest foe of the therapeutic process, for every positive result of the treatment falls a victim to this most obstinate of all symptoms. "Is it really so? Did I tell that correctly? Did I really dream that? Can that be of any use to me?"—and so on *ad infinitum*.

This doubt is the expression of the ambivalent conflict, of the inner uncertainty, "Do I love or hate?" Which is transferred from this original question, which lies at the base of every relationship of the obsessional neurotic, on to every psychical action by displacement, and becomes attached not only to

expressions of emotion, but also to the thinking process.

Between the doubt and the feeling of inner compulsion, which expresses itself in the symptoms, an intimate connection exists. The source of both is the inner indecision, which can produce the feeling of doubt as well as an uncanny state of tension which calls for discharge. But this discharge tendency is confronted by an equally strong inhibition as a result of the undecided fight between love and hate. Every resolution, every psychical action is inhibited by being displaced on to something else. And if one of the inhibited resolutions does finally come to the point of decision, it will then be compulsively carried out with the greatest expenditure of energy and will thus form the basis of the symptoms.

We have still to deal with another essential component of the inner uncertainty of the obsessional neurotic. In the analysis of our last patient we recognized a strongly homosexual component in her libido. Experience has taught us that this unconscious homosexuality often plays an important part both with male and female obsessional neurotics. Thus the inner indecision is not confined to the ambivalent problem, "Do I love or hate?" but relates also to the choice of object, "Do I love the man or the woman". Freud has shown us in *The Ego and the Id* to what an extent the constitutional bisexuality of man is responsible for the fact that the ambivalent conflict has rendered the Oedipus complex so much more complicated than we had at first assumed, that in fact "the boy not only has an ambivalent attitude to the father and a tender predilection for the mother, but that he at the same time behaves like a girl; he

manifests the tenderly feminine attitude to the father and the corresponding jealously hostile attitude to the mother" (vice versa, of course, in the case of the girl). When this normal complication is accompanied by an intensification of the sadistic tendencies and therewith an increase of the ambivalent conflict, a far-reaching inability to re-establish the heterosexual object-choice may be the result.

Apart from this inner indecision of the obsessional neurotic, from the incapacity to give his libido a definite direction, to decide whether he should love the man or the woman, there are other factors which drive the libido in the direction of homosexuality. Thus on the one hand the anal disposition of the obsessional neurotic encourages a passive relationship to the man in the sense of passive homosexuality, while on the other hand the strong instinct for mastery encourages an aggressive relationship to the man, which also has a libidinal character. In the female obsessional neurotic the fixation in the sadistic phase has the effect of intensifying the active impulses in the woman and thus strengthening her masculinity-complex. This is especially obvious with female obsessional neurotics whose neurosis has come to a stop at the stage of character-formation.

In the anal-sadistic phase the coitus-phantasies of children also have a sadistic character. In their phantasies of this, as they imagine, cruel-act children of both sexes identify themselves with both partners, with the passive and the active; they then carry on this double identification into their later life, especially when—as is the case in the obsessional neurosis—the libido is fixated on the sadistic phase. This

double identification also plays its part in strengthening the homosexual tendencies.

To return once more to our patient, you remember that her symptom had directly taken on the character of an "inner perception", and was derived from libidinal impulses as well as the sense of guilt. In contrast to phobic patients she had felt the danger to be an inner one, without making the attempt to displace her fear of the impulse or its consequences on to an external danger.

We have seen clearly how this perception of the impulse arose from the reaction of the super-ego under the pressure of the sense of guilt (Freud: "The super-ego knows more than the ego about the id"), and how the super-ego gave expression to the full measure of its severity in the verbal threat: she would never be happy again, "because she had had this dream".

From what we know of her history before her acute illness we may assume that the patient would certainly have formed obsessional symptoms in the course of time if the progress of her sufferings had not been arrested by the psycho-analytic treatment.

APPENDIX

MELANCHOLIA

LECTURE XI

MELANCHOLIC AND DEPRESSIVE STATES

It lies outside the province of these lectures to discuss psychotic states. But I cannot omit some consideration of one of the so-called "narcissistic neuroses", namely, melancholic depression, for this throws light on much that is necessary for the understanding of neurosis.

The patient we will turn to for this purpose was at the time of her treatment fifty years old, formerly a very talented and, in her own country, very well-known authoress. Naturally fond of work and society, in the last few years her whole personality had undergone a complete change. She shut herself off more and more from people; though she continued in her profession for some time, till an acute attack some three years before had made her condition so much worse that she had to go into a sanatorium. There the illness made rapid progress. For about a year the patient had been in a deep depression, which was periodically interrupted by severe anxiety-attacks and almost delirious excitations. All her fears revolved round one single thought, to which she clung obstinately, although she was able to see herself at times the absurdity of her *idée fixe*. Despite this occasional insight, however, she remained

attached with varying degrees of affect to the thought: she would be thrown on to the street unclothed as she lay in bed, and would there, lonely and deserted, have to suffer a terrible death. Sometimes she gave expression to this thought with complete apathy, sometimes she would beg that it should happen "sooner rather than later", another time she would scream for help in the intensest delirious anxiety: "They're coming, they're coming! don't let them take me! have pity on me!" From time to time she would insist that she did not deserve anything else and one did well to punish her so cruelly. If one went into this self-accusation, she could bring forward nothing more serious than the most trivial, common-or-garden shortcomings.

It was only very slowly and gradually and without real analysis that one was able to get nearer her psychic life and acquire a tolerable degree of insight into her condition. From the disordered material she gave me I will select only what is important for the understanding of her case.

She felt she could say with certainty that her illness had begun with the loss of a little dog, which was for her the most precious thing she possessed. She never found it again, and thereupon fell into a depression which gradually led to a severe melancholia.

Even before this the patient had suffered for several years on end from obsessional symptoms, which were her secret and about which not even her immediate friends had any knowledge. As a child she appears to have been psychically healthy; at any rate we did not succeed in discovering any early symptoms, though the whole character of the patient

bore the typical stamp of reaction-formations, as we have seen them in our obsessional neurotic patients.

An intense jealousy against a very beautiful and talented sister eight years younger than herself had remained in her conscious memory. But the hatred and death-wish against the sister were afterwards deeply buried beneath the reactive feeling of the tenderest and most solicitous sisterly love. This change occurred after the mother's death—in the patient's twelfth year—when she took over the mother's part in her relation to her so much younger sister. Indeed one gets the impression that this over-compensating feeling towards the sister enabled her to remain free from guilt in relation to the dead mother. Be that as it may, we have here yet another example of what we have so often met before: the patient is now ready to sacrifice everything for the sake of the sister whom she had formerly so deeply hated.

In her eighteenth year, as mentioned above, she fell ill of obsessional neurotic symptoms with typical obsessional ceremonials. She had to repeat everything she did a certain number of times, otherwise, as the inner voice threatened, "something would happen to the loved sister". In this fear the original evil intention against the sister comes to very clear expression. It is obvious that the masochistic love which entirely dominates her consciousness only allows the other thought to become conscious in the form of this fear. This over-compensation, however, has not entirely succeeded in appeasing the sense of guilt, for the omniscient super-ego knows all about what is repressed and insists on the obsessional ceremonials to ward off the evil wishes. Why she fell ill

precisely in her eighteenth year has never been clear to me. Let it suffice that the insight we have got into the illness has shown us so much of the sadistic tendencies that we can say from our experience from what dispositions the neurosis arose and to what inner mechanisms it owed its origin.

When the patient was twenty-one years old the father died, and the difficult material position in which she and her sister found themselves forced her to take up a profession and work hard. This meant that she had finally to renounce her ambitious phantasies for the future, namely, to become a great writer, and in the wearisome labour of a typist to take upon herself a conscious though very willing sacrifice for the sake of her younger sister. She now surrounded her charge with the most tender solicitude, and in the hard struggle for existence she was, for all practical purposes, cured of obsessional neurotic symptoms.

We can only explain this spontaneous cure on the assumption that the difficulties of life and her self-sacrificing renunciation had brought with them so much masochistic gratification that her aggressive impulses against the sister could be satisfied in thus being turned against herself. All the emotions which are now directed towards the sister have been, one might say, purified, freed from the negative components of the ambivalent conflict. The ego-love, once deeply hurt by the sister, now manages to find —even if indirectly—satisfaction. The patient gives up the struggle, but tries to realize through the sister everything she had dreamed of and not been able to attain for herself. A narcissistic identification of this sort often occurs in the relationship of parents

to their children; in our patient's case it arose on an already morbid basis, as a defence-mechanism, which might guarantee psychical health for a certain period but was bound to end in disaster.

For several years the two sisters lived in complete retirement, the elder entirely immersed in her masochistic sacrifice, the younger occupied with fairly futile and worthless attempts at authorship, and both of them waiting for the great day on which the world would recognize the "genius" of the younger one. This mutually dependent existence was unexpectedly interrupted by the marriage of the younger sister. With a certain lack both of gratitude and consideration she deserted her elder sister to go and live abroad with her husband. The patient bore the parting with quiet dignity, even appeared to be pleased at the sister's happiness, and remained behind alone. Henceforth she went her way somewhat neglected and retiring, in company with a little dog which she had acquired after her sister's departure. One day, about a year and a half after this, the dog got lost. The patient spared neither pains nor trouble to find it again, but in vain. At this point it was that the severe depression set in.

This temporal coincidence left no room for doubt that the depression was a result of the loss of the animal. Even the patient was quite clear on the point; though she had to admit that the extent of her grief seemed even to her to be somewhat incompatible with the occasion for it.

It not seldom happens that the outbreak of depressive states is brought about by an apparently trivial loss, a change of abode or something similar. These events are merely the immediate and welcome

occasion for the break-through of deeper, more significant, and hitherto suppressed reactions. In the loss-character of these occasions lies the condition for the mobilization of those reactions.

Our patient's dog was only a surrogate-object for the lost sister; its disappearance mobilized the full force of the grief which the patient had hidden within herself after the loss of the sister.

In the further course of the treatment the patient's so reasonable attitude at the separation from the sister was soon succeeded by bitter reproach against the ungrateful one, by the return of the most intensive sadistic vindictiveness against the once hated, afterwards loved, and finally so faithless sister.

What had this sister done to her? For the sake of a strange man she had betrayed her self-sacrificing love and ruthlessly left her to a life of loneliness. This was the thanks she got for having reached the little orphan a helping hand at the time when she was completely helpless. The clearer the picture of her own loss became in the analysis, the louder grew her reproaches against the sister until they took the form of wishing her to be thrown out on to the street, where she would have landed in any case if she had not had mercy on her.

By pursuing our patient's psychical development we are able to form a consecutive scheme of what went on within her. First, hatred and aggression against her sister; defence against these impulses through obsessional neurotic mechanisms; afterwards successful over-compensation of the hate through love and tenderness; satisfaction for the narcissistic injuries through identification with the sister; and finally, transformation of the aggressions

into a masochistically satisfying self-sacrifice for her. A brilliant accomplishment, an excellent piece of management in the psychical household.

After the disappointment at the hands of the sister this psychical arrangement is not given up; it is only added to by new quantities of aggressive impulses, until the patient becomes seriously ill. The identification is maintained, as well as the masochistic turning against the ego. The punishment to which she had doomed the sister, of being "thrown out into the street", in order that she should meet with a miserable end there, we hear the patient demanding with monotonous regularity, no longer, however, as a threat against the sister but against herself, sometimes imploring it to be carried out, and at other times defending herself against it with the most violent anxiety. Now we understand whom this punishment relates to and why the patient declared in her most severe self-accusations, "I don't deserve anything else". The crimes she had attributed to herself were indeed quite trivial, but her sister's act had "not deserved anything else" than to be visited with the severest punishment.

Deserted by the sister, the patient remained lonely and without a love-object. She could not indeed find a new object for her affections, for the conditions of her fixation on the sister had taken from her every possibility for forming a transference on to new objects. She remained bound to the sister. The psychical energies, which are no longer capable of a positive readjustment of this relationship, suffer the following fate: the withdrawn libido retires to positions which were already prepared by the far-reaching identification with the sister. Instead of flowing into the outer

world the stream of libidinal energy now flows back into the inner world and invests narcissistically the ego itself. The narcissistic identification with the sister, which was formerly used to the sister's advantage, is intensified, and all the aggressions and murderous hate-tendencies against the sister are now directed against her own ego.

You remember the case of agoraphobia we discussed. The patient in question remained free from anxiety in the street when she was accompanied by her mother or a mother-substitute. We were able to see that as a result of a process of identification the aggressions which had been directed against the mother became a danger for her own person. There it had been a case of a hysterical identification, which related to particular psychical actions and ideas and admitted of readjustment. But with the very severe case we are dealing with at present the identification had quite another character. It involved a surrender of the object in the outer world; the object was already completely incorporated in the identified ego, so that all the feelings and ideas relating to the object were now directed towards the ego itself.

In the earlier periods of her life the patient had still possessed the inner possibility of controlling her sadistic impulses by reaction-formations (hyper-tenderness, etc.). At that time she was able to inhibit and bribe the punishing, destructive forces of the conscience partly through protective measures (obsessional symptoms) and partly through masochistic sacrifices.

But the sister's treacherous behaviour brought about a collapse of this psychical structure, which had so far been maintained and held together by her

love. Now she had nothing left but rage, hate and destruction. Her only alternatives were either to discharge her entire aggression outwards against the sister, or to master it and suffer in herself the consequences of this suppression. For we know that an aggression inhibited in this way places itself at the disposal of the energies of the super-ego and can thus be directed inwards against the ego itself.

In the last phase of her psychical sufferings our patient went through a mental process which is typical for melancholia and brings with it a peculiar intensification of the destructive impulses.

The identification with the loved sister had taken place before the outbreak of the melancholic depression. In this way the patient was able to find compensation for various renunciations. It was only after the final loss of the sister that this identification brought with it serious results for the patient and awoke severe reactions in the form of a melancholic state. For the loss of the object was followed not only by a reawakening of the sadistic aggressions, with which we are already familiar from the period of her obsessional neurotic symptoms, but also by a new regressive process. This led to a still more deeply buried phase, in which the aggressions are still more murderous, the ambivalence still more destructive. In this primitive suckling-phase, which was now reactivated, the child's relation to the outer world is established through the nourishing mother's breast, and for this phase the cannibalistic incorporation of the object by the mouth is characteristic.

After the final loss of the loved object our patient sinks into this oral phase of development. Hence the identification of the sister now becomes synonymous

with the "incorporation", *i.e.* with the complete disappearance of the boundaries between her own ego and that of the other. The "instinctual decomposition" which this new regressive process brings with it, releases still more destructive forces to be turned against the ego. In this "identified" rôle the ego is humiliated and insulted and persecuted by the severest punishments and sadistic cruelties.

Thus we see that the cruel repudiation and severe self-accusations of melancholia, which originally related to the object, still remain in force, and it is only the scene of action which has been altered. The ego now appears to be split into two parts. The one part contains the introjected object, while the other part repudiates this identified ego, raging against it and punishing it. This part, which has now drawn the aggressions to itself, corresponds to that inner critical agency which we have already learned to know as the super-ego.

We have observed that the lower the phase of libidinal development, *i.e.* the deeper the regression into the infantile, the less firm is the link between the destructive tendencies and the libidinal, the more extensive the instinctual decomposition, and the stronger the aggression in the super-ego.

In the obsessional neurosis this decomposition, *i.e.* the releasing of the destructive tendencies, is not so extensive as in melancholia. In the former the relation to the object is maintained and the destructive impulses themselves are still libidinal in nature. Love turns to aggression, but in this aggression there lies a libidinal component which preserves the love-object. We have seen, it is true, that even in the obsessional neurosis the instinctual decomposition

comes to expression in the excessive severity of the super-ego.

In melancholia the instinctual decomposition has much more serious consequences for the ego than in the obsessional neurosis, for in the latter the super-ego demands the strict observance of the protective measures through which it manages to stave off the destruction.

The process of the "introjection" of the object so typical of melancholia was very clear in our patient's case. For even before the outbreak of the psychosis the identification with the sister had acquired great importance. Indeed, we can pursue still further this "internalization" of the original relationship between the patient and her sister, *i.e.* its displacement from reality on to the psychical processes.

In a certain phase of her existence the patient had solved the original ambivalence conflict with the sister to such an extent that after the parents' death she had offered herself as their representative to the sister, and thus established a parent-child relationship which enabled her to become for all practical purposes healthy. We tried to explain this therapeutic process through the masochistic sacrifice on the one hand, and through the successful over-compensation of her feelings to her sister on the other hand. But we shall only be able to grasp the deeper psychological technique of this process from its subsequent failure and development in her later illness. Through her maternal relationship to the sister the patient clearly succeeded in diminishing the former tension between the psychical agencies, which was already observable in the obsessional neurotic symptoms, by love. She achieved this by herself taking

over the rôle of the educative power and making it gentle, just, and forgiving. In this function she had to a certain extent made herself an example for her own super-ego, and so was now able to bring about that it should treat her as indulgently as she treated her sister. This process was a successful reversal of what had preceded it, when the aggression against the sister had then turned against her own ego. In the therapeutic process the destructive tendencies seem once more to be bound by love so that the placated conscience can allow itself a certain indulgence. After the disappointment at the hands of the sister the patient gave up her indulgent parental rôle and simultaneously introjected this relationship into the inner world of her psyche. But that which had formerly seemed to be appeased by love, and consciously and actively directed to an object in the outer world, now turned, at this retreat from the real world, insulted, angry, relentless, and above all unconscious, against the ego itself.

We are here witnesses of a historically chronological process. The super-ego arose, in the first place, from the identification with the parents, as the inner representative of the original authority in the outer world. In the later sister-relationship a part of this "internalization" was again projected outwards into the actual world, through which the operation of the super-ego, which was at this point particularly severe, could be modified. After the disappointment from the sister this projection suffered a new introversion, *i.e.* the withdrawal into the psychical representative of what had originally been the parental authority, which she had later herself wielded and wielded indulgently, with regard to the sister. But

this inner agency had now ceased to be indulgent and turned its full severity against the patient's ego.

With this the introjection was extended to the object-libidinal relationships—for these were subject to the identification, the oral "incorporation"—as well as to the authoritative part of the relation to the outer world. In the latter the patient had herself taken over the part of the parents. This reproduction of the parental relationship had finally acquired a thoroughly castigating character; by its introversion the punishing-destructive forces in the super-ego could find expression.

The mother-child relationship between her and her sister now played its part within her, no longer mildly and indulgently as formerly, but as the expression of the highest tension between the suffering ego and the raging super-ego.

In the patient's self-reproaches we heard the voice of the accusing and threatening super-ego. Another time the passively suffering part of the ego seemed to come to the fore and gave expression to its violent fear of punishment, and then again we heard the attempts to ward off the punishment by imploring for mercy and promising to be good, exactly like a child who has been punished or threatened. But in unbroken monotony we always heard *two* voices, which indicated a mighty struggle deep in the unconscious between the narcissistic ego-love and the destructive ego-annihilation.

In discussing the fate of the libido we recognized in the regression to the oral phase and the introjection of the object connected with it a process typical for melancholia. The case we have just been dealing with is a classic example of this. Whether this is true

for all cases of melancholic depression one cannot say with complete certainty. In the long run the essence of the melancholic clinical picture is the cleft between the ego and the super-ego and the murderous struggle between the two psychical systems which this gives rise to. There are without a doubt cases of melancholic depression in which an unusual severity on the part of the super-ego is alone enough to cause it to rage sporadically and perhaps even periodically against the ego, to make it impossible for them to exist harmoniously beside each other, and to demand payment from the mishandled ego.

Another case of mine throws a very interesting light on this point. In conscious hatred against her mother this patient had turned her whole life into one long protest against her. One may say that every gesture of her life betokened a vindictive triumph against the mother. Her love-life, her intellectual interests, her choice of profession, in short, the whole content of her existence, had been built up on this undying hostility. From time to time she suffered from severe depressions, which signified an obedient surrender to the mother, a renunciation of the values which had been erected against her, a penance for the constant transgressions of the maternal commands. On each occasion the depressions were succeeded by a period of peculiar intensification of joy in life, efficiency in her work, and capacity for love. The very intensity of this mood arouses our suspicions, and its connection with the old mother-relationship is shown by the peculiar intensity with which the afore-mentioned life-forms directed against the mother appear in it. In this case the depression seems to be succeeded by a slightly manic "triumph"

in which the ego throws off the domination of the punishing conscience or else manages to persuade it to be specially tolerant for a period after having submitted to its castigation.

The processes of normal psychical life seem indeed to be of a similar nature. The periodic changes of mood, to which most people are subject, probably correspond in a modified form to the periodicity of manic-depressive-insanity, with the continuous alternation between the dependence on the super-ego and the triumph of overcoming it. It is perhaps one of the deepest necessities of civilized man to throttle so much aggression within himself that its accumulation in the super-ego from time to time begins to exert pressure on the ego, whereupon the latter, cowed and threatened, reacts by diminishing its positive relations to existence, *i.e.* sinks into a more or less acute depression. Then the tension seems gradually to relax and is succeeded either by a throwing off of the pressure and a happy feeling of inner release (hypomanic states even in normal life), or else by a state of quiet composure, the sign of the harmonious reconciliation within.

Hysterical depressions may occur as the result of a real object-loss, in which case they represent the pathological reaction to this loss. And, as we have seen, melancholia also may arise from a real loss. The mode of reaction corresponds to the dispositional factor. With hysteria the actual loss may evoke a return to an object which has been surrendered in childhood but retained in the unconscious, and in this case the pathological depression takes place outside the realm of the real conflict under the sign of regressive processes and infantile fixations.

We were able to observe such hysterical depressions with the patient whose sufferings we described as a "fate-neurosis". All her life she had been unconsciously mourning for her father, whom she had never given up as love-object. Every new erotic experience was doomed to end with the renewal of the old loss-reaction.

The "loss" can also have a more narcissistic content. A typical example of this is the menstrual depressions, which are an expression of a loss reaction in the sense of castration or unconsciously phantasied pregnancy. In this category one should include too the frequently very severe climacteric depressions in both sexes in reaction to the diminishing "femininity" or "masculinity".

It is often difficult to draw the line between a melancholic and a neurotic (hysterical) depression. In his paper on "The Problem of Melancholia" Radó maintains the view that neurotic depression is based on the same mechanisms as melancholic depression. Within the category of depression there are certainly several types of illness and also fluctuating transitional phases between these various types. The determining factors are the depth of the regression, the inner fate of the object-relationship, and the extent of the process of decomposition, *i.e.* the release of the destructive tendencies. In the course of our discussions we have often been able to observe how dependent are the severity and the form of neurotic suffering on these last-mentioned factors.

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